

1 : CV00-1846

NOT - PART - OF - COMPLAINT - TO - BE
SERVED. (FOR COURT RECORD ONLY)

— EXHAUSTION —

— DOCUMENTS —

ONLY ENCLOSED TO PROVE TO THE
HONORABLE COURT ALL REMEDIES
HAVE IN FACT BEEN.

EXHAUSTED

A.D.A. Discriminate Claim

DC-804 NEW MATTER.
PARTCopy/Dated/wit: SubmissionCOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598PLEASE ASSIGN No#
Immediately PLEASE,

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

| | | |
|---|--|----------------------------|
| TO: GRIEVANCE COORDINATOR | INSTITUTION <u>SCI - Huntingdon</u> | DATE <u>13 Sept. 00</u> |
| FROM: (Commitment Name & Number) <u>MOSER BE4713</u> | INMATE'S SIGNATURE <u>J. Moser</u> | |
| WORK ASSIGNMENT <u>- NONE -</u> | QUARTERS ASSIGNMENT <u>CA-028</u> | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I am LEGAL Determined Disabled, By (U.S. Gov. (S.S.E.) (BUREAU OF Disability Comm. of Penna) (Disability Commission of Texas) ON 7/12/00 I FILED AN A.D.A. Claim WITH THE Pa. D.O.C. (which is why I was transferred to SCI-Huntington, But THE Condition OF THE A.D.A. CLAIM WERE NOT MET, (PLEASE REVIEW) (FILE). SCI-HUN. DOES NOT Comply WITH THE A.D.A. ACT, RATHER IT "DISCRIMINATES GROSSLY AGAINST THE DISABLED IN VIOLATION OF D.O.C. Directive (AND) (PENN. V. YESKEY, 118 U.S. SUPREME CT 1952 (1992) * Plain Text OF TITLE II OF THE American with Disabilities Act, UNAMBIVOUSLY EXTENDS TO STATE PRISON INMATE. So WHEN DR. Mahaderian Told me, "I DON'T CARE ABOUT YOUR A.D.A. AND Disabilities", and STOPPED ALL medication, & Treatment, (in malice retaliation) AND THE DOCTORS after Him FILLING out: TO DATE: I SUFFER GREAT PAIN, NO SLEEP, ENOUGHNESS NO A.D.A. Housing ETC... YOU ARE GUILTY OF INTENTIONAL DISCRIMINATION AGAINST A DISABLED PERSON IN VIOLATION OF THE U.S. SUPREME CT. & CONSTITUTION. PLEASE CORRECT YOUR

B. Actions taken and staff you have contacted before submitting this grievance: ACTION IMMEDIATELY. THANK YOU.

THE COURT say, BECAUSE OF THE IMPORTANCE OF THE A.D.A. and THE NEEDS OF emotional attention (medical, & Housing) I may FILE A.D.A. Discrimination and call them ALPINE DIRECT TO THE COURTS. But I will work with you First By Filling THIS. I ask you as YOUR medical staff & Prison A.D.A. Complaint. (go to Dr. Mahaderian, Rabl, Shomaker, Diemer (M/D) Your grievance has been received and will be processed in accordance with DC-ADM 804. wrote YAGER, KYLER, ABOUT A.D.A. medical issues (need for Treatment)

Signature of Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon.
(814)643-2400

DATE: 9-1-00

SUBJECT: Inmate Request Slip

TO: Moses
Inmate Name

BE-4713
D.C. #

C
Unit

FROM: [Signature]
Kenneth D. Kyler
Superintendent

I have received your inmate request slip and have the following response.

☒ Referred to appropriate staff member Mrs. P. Yarger

Additionally, I have the following comments: _____

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response.

cc: Counselor W. Cummins
File
Capt Levy

DC-135/A

C.C. (3) ATT
Super
Media /rel -

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

SUPERINTENDENT KYLEK

2. DATE

1 Sept. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEK BE4713

4. COUNSELOR'S NAME

COMMUN

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

AS I WROTE YOU ABOUT THE UNLAWFUL, RETALIATORY ACTIONS OF DR. MOHADJENIN THE OTHER DAY (2) DAYS AGO. I FORGOT TO MENTION,

WHEN I SPOKE TO HIM ABOUT MY RIGHTS TO EXERCISE MY RIGHT TO FILE GRIEVANCE AND LITIGATE IN PROTEST. HE SAID "WE'LL REMEMBER YOU HAVE A MAX. DATE OF 2004"

I UNDERSTAND THIS TO BE A DIRECT THREAT TO ME, THAT IF I LITIGATE (OR) EXPOSE TO THE MEDIA HIS UNLAWFUL ACTION HE'LL GET EVEN WITH ME, WITH RETALIATION AND INSTRUCT OTHER STAFF MEMBERS TO TREAT ME WITH DELIBERATE INDIFFERENCE. I WILL CONTINUE TO EXERCISE MY RIGHTS, TO STOP HIS UNLAWFUL ACTIONS AND PUBLICLY EXPOSE THEM. I PRAY YOU WILL STOP ANY FURTHER ACT'S OF INDIFFERENCE

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

TOWARDS ME. PLEASE ENTER THIS DOCUMENT INTO LEGAL RECORD. THANK YOU. I AWAIT YOUR ASSISTANCE

Mr Moser.

Your concerns are noted

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

9/1/00

1028

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400
September 18, 2000

SUBJECT: Consolidated Inmate Grievance
Review System

TO: Jeff Moser, BE-4713
CB Unit

FROM: 
Diana G. Baney
Grievance Coordinator

I am returning your grievance because you have not complied with the following provision(s) of DC-ADM 804, dated October 20, 1994, Consolidated Inmate Grievance Review System:

- _____ All grievances shall be in writing and in the format provided by the forms supplied by the institution (DC-804, Part I). Forms are available in the block. (Section VI., A, 1)
- _____ All grievances shall be presented individually. Group grievances are prohibited. (Section VI., A, 2)
- _____ Only an inmate who has been personally affected by a Department or institution action or policy shall be permitted to seek review of a grievance. (Section VI., A, 3)
- _____ All grievances must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner. (Section VI., A, 4)
- _____ Grievances based upon different events should be presented separately, unless it is necessary to combine the issues to support the claim. (Section VI, A, 5)
- _____ Grievances must be signed. (Section VI., A, 3)
- _____ Any inmate grievance may be addressed to the Inmate Grievance Coordinator except issues related to the following: (Section VI., E)
 1. DC-ADM 805 - Policy & Procedures for Obtaining Pre-Release Transfer.
 2. DC-ADM 801 - Inmate Disciplinary and Restricted Housing Unit Procedures. See DC-ADM 801 VI., G & I.
 3. DC-ADM 802 - Administrative Custody Procedures. See DC-ADM 802, VI., B, 1,2. Appeal from Initial Review, see DC-ADM 802, VI., B, 4, a.

4. Other Kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.

Grievances related to the above issues shall be according to procedures specified in the directives listed and shall not be reviewed by the Inmate Grievance Coordinator.

Initial reviews must be submitted within 15 calendar days after the events upon which claims are based. (Section VI., B, 2)

X Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form (DC-ADM 804, Part I).

Comments:

Mr. Moser:

You are well aware that DC-ADM 804 requires that you make an effort to resolve matters such as this through appropriate staff prior to filing a grievance. Although you indicate that you requested emergency medical treatment, you failed to indicate what the emergency was over the past weekend. Any complaints or concerns you have regarding your medical treatment should be addressed through Mrs. P. Yarger, Health Care Administrator, via request slip. If this matter cannot be resolved at the recommended level, you may resubmit your grievance for further consideration. Based on the information you provide, this appears to be an ongoing medical complaint and I find nothing in this particular grievance to indicate a medical emergency. Furthermore, the directive clearly establishes that the grievance system is not intended for emergency situations. Because you fail to comply with the guidelines established by DC-ADM 804, your grievance is being returned unprocessed.

DGB:tl

cc: Deputy Williamson
Mrs. P. Yarger
DC-15
File

DC-804

PART 1

NEW INCIDENT

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

PLEASE DON'T HINDER MY
ACCESS TO A GRIEVANCE
NO# THANK YOU!

FILED ON ADVICE OF COUNSEL

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

| | | |
|--|------------------------------------|--------------------|
| TO: GRIEVANCE COORDINATOR | INSTITUTION S.C.I. - HUNNINGTON | DATE 12 Sept 00 |
| FROM: (Commitment Name & Number) MOSEY BE4713 | INMATE'S SIGNATURE Jeff Mosey | |
| WORK ASSIGNMENT (1:30 PM) (GET HIKIE OUT) | QUARTERS ASSIGNMENT CB-130 | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

OVER THE WEEKEND I SPOKE TO DR. SHUMAKER AND HE SAID HE WAS GOING TO DECREASE MY NARCOTIC PAIN MEDS (8) PILLS A DAY TO (6) A DAY GOOD TILL 10-2-00 AFTER I ASK WHEN I WOULD GET MY BACK OPERATION, HE SAID "I THOUGHT YOU DID NOT WANT US TO GIVE IT TO YOU" (I SAID YOUR MISSTAKEN) HE SAID FOR THAT CASE YOU'LL SEE THE DOCTOR MONDAY. (VERY HURRY LIKE), SO MONDAY I SAW THE DOCTOR AND HE SAID ^(WITHOUT) FURTHER REVIEW OF SHUMAKER NOTES. I'M CUTTING YOU OFF ALL MEDICATION AND TREATMENT, I FEEL DOCTOR MAHADEVEN'S NOTES ARE CORRECT. WHICH ARE? ALL MY M.R.I. ARE WRONG AND ALL MY NURD-SURGEON ARE WRONG ALSO! (YOU NEED NO TREATMENT) NOT WITHSTANDING AFTER MAHADEVEN WAS FIRED, DR. SHUMAKER CALL ME DOWN, PUT ME BACK ON MEDS AND SAID M.R.I. ARE PROOF OF YOUR CONDITION. NOW I SIT, WITH NO MEDS, IN EXTREME PAIN, WITHDRAWING FROM MEDS, WITH NO ASSISTANCE, I JUST ASK TO GO TO MEDICAL AND WAS REFUSED

B. Actions taken and staff you have contacted before submitting this grievance: SERVICES (EMERGENCY). SO NOT ONLY DO I SUFFER MEDICAL NEGLECT AND RETALIATION, BUT I'M REFUSED ANY EMERGENCY SERVICES, I'VE MADE THE NEWSPAPERS, ATTORNEY AND FAMILY AWARE OF YOUR ACTION AND ANY FURTHER HARM THAT COMES TO ME, I WILL ASK YOU BE HELD ACCOUNTABLE IN THE COURT OF LAW AND PAY 10 TIMES THE COST OF MY BACK SURGERY AND MEDICATION. I'VE RELEASE A PUBLIC PRESS RELEASE ALSO. PLEASE STOP THE RETALIATION AND ASSIST.

(WROTE: MR. WILLIAMSON, KYLER, SPOKE TO DOCTOR SHUMAKER & BREIDELL, NO HELP)

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804

PART 1

New Incident

Filed on Advice of Counsel

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

PLEASE DON'T HINDER MY
ACCESS TO A GRIEVANCE
NOTE THANK YOU!

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

| | | |
|---|------------------------------------|--------------------|
| TO: GRIEVANCE COORDINATOR | INSTITUTION S.C.I. - Huntingdon | DATE 12 Sept 03 |
| FROM: (Commitment Name & Number) MOSEER BE4713 | INMATE'S SIGNATURE Jeff Moser | |
| WORK ASSIGNMENT (1:30 PM) (SGT NIKIE ON) | QUARTERS ASSIGNMENT CB-130 | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

OVER THE WEEKEND I SPOKE TO DR. SHUMAKER AND HE SAID HE WAS GOING TO DECREASE MY MORCOTIC PAIN MEDS (8) PILLS A DAY TO (6) A DAY (TILL 10:2-00 AFTER I ASK WHEN I WOULD GET MY BACK OPERATION, HE SAID "I THOUGHT YOU DID NOT WANT US TO GIVE IT TO YOU" (I SAID YOUR MISTAKEN) HE SAID IN THAT CASE YOU'LL SEE THE DOCTOR MONDAY - (VERY HOFFY LIKE), SO MONDAY I SAW THE DOCTOR AND HE SAID ^(WITHOUT) ~~REVIEW~~ REVIEW OF SHUMAKER NOTES. I'M CUTTING YOU OFF ALL MEDICATION AND TREATMENT, I FEEL DOCTOR MAHADEVEN'S NOTES ARE CORRECT. WHICH ARE? ALL MY M.R.I. ARE WRONG AND ALL MY NURO-SURGEON ARE WRONG ALSO! (YOU NEED NO TREATMENT) NOT WITHSTANDING AFTER MAHADEVEN WAS FIRED, DR. SHUMAKER CALL ME DOWN, PUT ME BACK ON MEDS AND SAID M.R.I. ARE PROOF OF YOUR CONDITION. NOW I SIT, WITH NO MEDS, IN EXTREME PAIN, WITHDRAWING FROM MEDS, WITH NO ASSISTANCE, I JUST ASK TO GO TO MEDICAL AND WAS REFUSED

B. Actions taken and staff you have contacted before submitting this grievance: SERVICES (EMERGENCY). SO NOT ONLY DO I SUFFER MEDICAL NEGLECT AND RETALIATION, BUT I'M REFUSED ANY EMERGENCY SERVICES, I'VE MADE THE NEWSPAPERS, ATTORNEY AND FAMILY AWARE OF YOUR ACTION AND ANY FURTHER HARM THAT COMES TO ME, I WILL ASK YOU BE HELD ACCOUNTABLE IN THE COURT OF LAW AND PAY 10 TIMES THE COST OF MY BACK SURGERY AND MEDICATION. I'VE RELEASED A PUBLIC PRESS RELEASE ALSO. PLEASE STOP THE RETALIATION AND ASSIST.

(I WROTE: MR. WILLIAMSON, KYLER, SPOKE TO DOCTOR SHUMAKER & BRIDELL. NO HELP.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

PLEASE DON'T HINDER MY
ACCESS TO A GRIEVANCE
NOTE THANK YOU!

NEW INCIDENT
FLED ON ADVICE OF COUNSEL

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

| | | |
|---|------------------------------------|--------------------|
| TO: GRIEVANCE COORDINATOR | INSTITUTION S.C.I. - HUNNINGTON | DATE 12 Sept 03 |
| FROM: (Commitment Name & Number) MOSEER BE4713 | INMATE'S SIGNATURE Jeff Moser | |
| WORK ASSIGNMENT (1:30 PM) (SGT NIKIE ON) | QUARTERS ASSIGNMENT CB-130 | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

OVER THE WEEKEND I SPOKE TO DR. SHUMAKER AND HE SAID HE WAS GOING TO DECREASE MY NARCOTIC PAIN MEDS (8) PILLS A DAY TO (6) A DAY GOOD TILL 10-2-00 AFTER I ASK WHEN I WOULD GET MY BACK OPERATION, HE SAID "I THOUGHT YOU DID NOT WANT US TO GIVE IT TO YOU" (I SAID YOUR MISSTAKEN) HE SAID FOR THAT CASE YOU'LL SEE THE DOCTOR MONDAY. (VERY HUFFY LIKE), SO MONDAY I SAW THE DOCTOR AND HE SAID ^(WITHOUT) FURTHER REVIEW OF SHUMAKER NOTES. I'M CUTTING YOU OFF ALL MEDICATION AND TREATMENT, I FEEL DOCTOR MAHADEREN'S NOTES ARE CORRECT. WHICH ARE? ALL MY M.R.I. ARE WRONG AND ALL MY NURO-SURGEON ARE WRONG ALSO! (YOU NEED NO TREATMENT) NOT WITHSTANDING AFTER MAHADEREN WAS FIRED, DR. SHUMAKER CALL ME DOWN, PUT ME BACK ON MEDS AND SAID M.R.I. ARE PROOF OF YOUR CONDITION. NOW I SIT, WITH NO MEDS, IN EXTREME PAIN, WITHDRAWING FROM MEDS, WITH NO ASSISTANCE, I JUST ASK TO GO TO MEDICAL AND WAS REFUSED

B. Actions taken and staff you have contacted before submitting this grievance:

SERVICES (EMERGENCY). SO NOT ONLY DO I SUFFER MEDICAL NEGLECT AND RETALIATION BUT I'M REFUSED ANY EMERGENCY SERVICE'S, I'VE MADE THE NEWSPAPER'S ATTORNEY AND FAMILY AWARE OF YOUR ACTION AND ANY FURTHER HARM THAT COMES TO ME, I WILL ASK YOU BE HELD ACCOUNTABLE IN THE COURT OF LAW AND PAY 10 TIMES THE COST OF MY BACK SURGERY AND MEDICATION. I'VE RELEASED A PUBLIC PRESS RELEASE ALSO. PLEASE STOP THE RETALIATION AND ASSIST.

INMATE: MR. WILLIAMSON, KYLER, SPOKE TO DOCTOR SHUMAKER, & BAIDELL. NO HELP.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PENNSYLVANIA 17001-0598

OFFICE OF THE
SECRETARY OF CORRECTIONS

August 30, 2000

Jeffery Paul Moser, BE4713
SCI Huntingdon

Mr. Moser:

Your letter to Deputy Secretary Erhard has been received and referred to my desk for response. I have contacted the institution to inquire about your medical care. I find and documentation verifies that your case has been and continues to be meticulously reviewed. Qualified medical personnel will amend your treatment plan if or when necessary.

Once again, it is well documented that you were seen by a neurosurgeon regarding your back pain. The outcome of this consultation was a recommendation for surgery, which you have refused. Your "pain management" plan has been and continues to be monitored by appropriate health care professional within the facility.

Mr. Moser, appropriate care is the norm and I would suggest you work with the Health Care Staff at SCI Huntingdon.

A copy of your letter and subsequent documentation will be forwarded to Superintendent Kyler and the Bureau of Health Care Services for review.

Sincerely,

A handwritten signature in cursive script, reading "E. J. Brannigan".

Eugene J. Brannigan
Assistant to the Deputy Secretary
Eastern Region

Ejb

cc: Deputy Secretary Erhard
Superintendent Kyler w/attachments
Director Catherine McVey (Health Care Services) w/attachments
File

DC-135A

C.C.(4) YABER
HOZN
ATTORNEY
FILE

C-B

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

Sworn Complaint -

1. TO: (NAME AND TITLE OF OFFICER)

MS. YABER (Medical Administrator)

2. DATE

7 Sept. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEK BE4713

4. COUNSELOR'S NAME

Commings

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Today I went to see a Mental Health Doctor, on the advise of Doctor Shumaker... I WAS REFUSED ANY KIND OF MENTAL HEALTH TREATMENT, AS I UNDERSTOOD HIM TO SAY TO ME, "THE KIND OF TREATMENT YOU WERE ON WE DON'T GIVE HERE, THE MEDICATION YOU NEED IS STRONG, SO WE CAN OFFER YOU NO ALTERNATIVE. THEN I ASK WHAT YOU REFUSE ME MENTAL HEALTH SERVICES? I UNDERSTOOD HIM TO SAY "YES, I CAN LEGALLY REFUSE YOU SERVICE'S & MEDICATION". NOW THIS IS NOT WORD FOR WORD IN WHOLE, BUT IT IS WHAT I UNDERSTOOD HIM TO BE TELLING ME. SO WE GOT YET ANOTHER INCIDENT WHERE I AM REFUSED ANY KIND OF MEDICAL TREATMENT, YOUR DOING THE SAME THING WHEN YOU REFUSE ME, MY NEEDED SPINE FUSION OPERATION, TO "SAVE COMPANY MONEY" THIS IS MEDICAL NEGLECT AND UNLAWFUL, I HOLD THE MEDICAL DEPT. & WEXFORD LEGALLY

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

LIABLE, FOR ANY HARM THAT COMES TO ME, DUE TO THIS MEDICAL NEGLECT. PLEASE GET BACK TO ME TIMELY AS DIRECTIVE STATES. I'VE SERVE COUNSEL WITH A COPY OF THIS, THANK YOU FOR YOUR TIME, I AWAIT.

Mr Maser

You are being seen & treated by professional medical staff. Your treatment plan will continue as directed by the professionals - psychiatrists, doctors, physician-assistants, etc. — you need to work with these individuals.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

Pat Yabers

DATE

9.12.00

DC-135A

C.C. (17)

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. In you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER)

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTER ASSIGNMENT

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

SIR, I HAVE AN URGENT SITUATION, THAT NEEDS TO BE ADDRESSED IMMEDIATELY PLEASE, RESPECTFULLY, TOMORROW I AM BEING CUT OFF MY PAIN MEDS (COLD TURKEY) I'VE BEEN ON THEM FOR (4) YEARS BECAUSE I NEED THEM, THIS IS DOCUMENT IN MY FILE BY SEVERAL M.R.I.'S AND NURO-SURGEON REPORTS, WHICH THE DOCTOR CLAIMS ARE WRONG, (YOUR DOCTOR) (9) NURO-SURGEON (PAST & PRESENT ARE NOT WRONG, AND M.R.I.'S DON'T LIE) I NEED A SPINE FUSION AND TO BE MEDICATED TILL THAT TIME. (LOOK AT THE REPORTS) NOW, THIS IS THE SECOND TIME I'VE BEEN CUT OFF MEDICATION, AFTER I ASK FOR MY SPINE OPERATION, SO INTENTIONAL RETALIATION SHOULDN'T BE HARD TO PROVE AS WELL AS MALPRACTICE, SINCE WE HAVE ALL THE SPECIALIST DOCTORS REPORTS & M.R.I. TO PROVE THE NEED FOR PAIN MANAGEMENT AND A SPINE FUSION OPERATION, NOW I WAS SENT HERE → OVER

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

(CONTINUED ON BACKSIDE)

Mr. Moser -
I will send these request slips to Mrs. Gager,
Health Care Adm. In her review and response

cc: Mrs. Gager

☒ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

Williamson DSCS

DATE

9-22-00

DC-135A

C i c. (5) Williamson
Yaberi
Dawson
AIT) FILE

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

| | | |
|--|----------------------------------|----------------------------------|
| 1. TO: (NAME AND TITLE OF OFFICER) Dep. Superintendent Williamson | | 2. DATE 10/9/00 |
| 3. BY: (INSTITUTIONAL NAME AND NUMBER) MOSSER BE4713 | | 4. COUNSELOR'S NAME Coun. Mia |
| 5. WORK ASSIGNMENT | 6. QUARTERS ASSIGNMENT CA-130 | |
| 7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. Today (Thursday 14th Sept. 2000) I was taken out for a E.M.G. which show the levels of pain I am in and extent of the nerve damage in my back and left leg & foot. Afterwards the doctor concluded that I have extreme nerve damage so much he told of his back is "shot" and his lower leg and foot is "dying" that why the hair is falling out and left foot is smaller. Thus he must be having extreme (a lot) of pain. So C/O WARMER walked me down to medical when we got back and told the medical staff what he said and that the doctor suggested I be medicated for pain (extreme pain is what I'm having and my back is "shot" my foot is dying from lack of treatment, I have been waiting (14 months) for the D.O.C. to treat me, now it may be irreversible harm. But I'm not writing you to argue or blame | | |

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

But to say I need help immediately, effective pain management first. Please order this now as my neuro-surgeon recommended, I want to work with you in getting well as I can. If you help I would appreciate it, please don't prolong the damage to me and prolong my pain. Also I had (8) epidurals in the past none worked. If your gone that route, it may be a waste of money. Please call me down to talk (or) do something for my pain A.S. Ap - Thank you kindly

(He also affirmed my incontinence due to nerve damage)

☐ TO DC-14 CAR ONLY

☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598RESPONSE RECEIVED
9-21-00 MS. YAGER

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

0136-00

| | | |
|---|----------------------------------|-----------------|
| TO: GRIEVANCE COORDINATOR - APPEAL TO SUPERINTENDENT - | INSTITUTION SCE - HUNNINGTON | DATE 9-21-00 |
| FROM: (Commitment Name & Number) MOSEER BE4713 | INMATE'S SIGNATURE J. Moseer | |
| WORK ASSIGNMENT | QUARTERS ASSIGNMENT CA - 1008 | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

PLEASE REVIEW ALL THE "TESTING" AND "MEDICAL FACTS" PROVEN MEDICAL FACTS ARE I HAVE (4) M.R.I. SCAN REPORTS (1) NURO-SURGEON REPORT (with specialist orders for FUSION OPERATION AND PAIN MANAGEMENT "OXYCODIN" UNTILL SAID FUSION IS DONE) (which By U.S. Sup. Ct. standard is mandatory treatment needed when ordered by a specialist) AND AN E.M.G. REPORT. NOW I SAY, I'VE BEEN TO (7 OR 8) OTHER REPUTABLE NERVO-SURGEON WHO ALL SAID THE SAME THING AS ALL THE SCIENTIFIC PROOF IN TESTING SAID, AND SUCH IS ALREADY IN RECORD IN FEDERAL COURT CV-99-0326 THESE TEST DON'T LIE, NOR ARE ALL MY DOCTOR BEFORE I GOT TO HUNNINGTON, DRUG PUSHERS. I WAS MEDICATED AND ENSTRUCKED FOR SURGERY BECAUSE IT WAS A PROVEN NEED. AS THIS PROCEEDS TO COURT ACTION, I ONLY HOPE TO SEE THE MEDICAL DEPT. STAFF AT HUNN. ATTEMPT TO PROVE THAT

B. Actions taken and staff you have contacted before submitting this grievance:

ALL MY DOCTOR FIRST AND MEDICAL TESTING WITNESSES ARE LIARS, DRUG PUSHERS AND EXPLAIN HOW YOU BULLY A M.R.I. SCAN MACHINE. MS. YAGER WHOLE RESPONSE IS WITHOUT MERIT, SHE DOESN'T ADDRESS THE SCIENTIFIC PROOF, I DON'T LIVE IN ARIZONA, AND I GOT BOTTOM PUNK AND TEAR BECAUSE OF SUITURES. THE ONLY PERSON(S) LYING ARE HUNNINGTON MEDICAL STAFF

Your grievance has been received and will be processed in accordance with DC-ADM 804

TO SAVE MONEY AND INTENTIONAL HARM ME. READ THE PROOF PLEASE ASST. . . .

Signature of Grievance Coordinator

Date

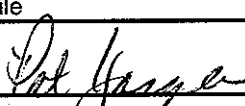
DC-804
PART IICOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001

1028

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO.

0136-00

| | | | |
|--|-------------------------------|-----------------|---------------------------|
| To: (Name & DC NO.) Jeffery Moser, BE-4713 | INSTITUTION SCI-Huntingdon | QUARTERS CB | GRIEVANCE DATE 8/29/00 |
| <p>The following is a summary of my findings regarding your grievance:</p> <p>In your grievance dated 8/29/00 you complain that you have been refused a spinal fusion, neurosurgeon consult, and effective pain medication. You also note that you are not refusing surgery and have no drug abuse history. It has been investigated based on your medical record and it is found that you have on multiple occasions, since 8/18/00, threatened legal action if narcotic medications are not ordered for you. You have requested HS Snack but have repeatedly refused diets as they have been prescribed for you. On 8/30/00 you were granted an extensive examination by Dr. Mohadjerin in which he found that you had been on chronic narcotic pain medication post to laminectomies. Your weight at that visit was 335 lbs. and you were considered obese. Dr. Mohadjerin assessed your back, your gate stance, and he also assessed two pair of shoes for heel wear to determine if there was a pattern consistent with your complaints. No pattern consistent with a limp that was noted when you were in Medical was found on either pair of shoes. It is noted that you told him at that time those shoes were new. Confirmation through SCI-Frackville and the Shoe Shop at SCI-Huntingdon determined that those shoes were issued to you in March 2000. Your complaints of pain and Dr. Mohadjerin's physical findings during that examination are inconsistent. There was no indication for management of pain on a chronic basis with a narcotic. Dr. Mohadjerin did feel that you could be managed pain wise on an as needed basis with a non-narcotic medication. You refused the diet ordered for weight loss and it was discussed with you how weight loss and exercise may help with pain control. An EMG and nerve connection study was ordered at that visit and has been done since. Dr. Shumaker saw you also on 9/1/00. During that visit you told him you were not interested in surgery while you were in prison and you would wait until you got out in approximately 9 months to have your surgery done in Arizona. On 9/9/00 you saw Dr. Shumaker. You asked for narcotics, stated you wanted your back surgery done, and stated, "If you aren't going to give me pain pills I might as well have my surgery here." On 9/11/00 Dr. Bardell saw you and during that visit he documents you were belligerent, accusatory, aggressive, and demanding. As a new physician Dr. Bardell was not familiar with your case and when he attempted to question you regarding your case you became demanding, threw papers on the desk, and left the department before he could finish his examination. RN Williams saw you 9/12/00 and during that visit you made the comment that if you can't get your pain medication then you are going to fall out. You threatened to manipulate your blood sugar in order to get what you wanted as far as pain medication was concerned. PAC Cain saw you 9/15/00. An examination again was inconsistent with the complaints that you offered during that visit. It is also noted that since you have been here at SCIH you have requested to work in the Building Trades program and to also use the Library. The Building Trades program is an education program for construction. It is also noted that you requested bottom bunk/bottom tier status when Dr. Shumaker saw you on 9/1/00. Based on your problems with your back. Please be advised that the practitioners here at SCIH will manage your care appropriately based on their objective findings to your subjective complaints. Your care is not driven by your demands, wants, or threats. It is also noted that surgery was offered to you while you were at a previous SCI and you refused to have the surgery done. It is also noted that previous attempts to assist you with providing a diet for weight loss, exercises, etc. have been rejected by you. I am encouraging you to work with the healthcare team in order to manage your healthcare problems. In doing so, you are encouraged to actively participate by listening as apposed to attempting to bully healthcare staff into providing care that you want. Be advised, if medication, surgery, or any further tests are determined to be medically necessary for you under this contract or any other they will be provided to you. The determination for medically necessary is made by the healthcare providers responsible for developing your treatment program. Again, I am encouraging you to work with healthcare staff in order to facilitate you gaining gainful employment within the institution and working through your programming to make the best use of your time here at SCIH. Your grievance is found to be without merit due to the fact that you have not been refused medication and you have not been refused a back operation under false pretenses.</p> <p>:mw cc: D. Baney Deputy Williamson Deputy Patrick Nurse Supervisor Carol Pollock DC-15 File</p> | | | |
| SIGNATURE OF GRIEVANCE COORDINATOR  | | DATE 9/15/00 | |

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon.
(814)643-2400

DATE: 9-15-00

SUBJECT: Inmate Request Slip

TO:

Moser
Inmate Name

BE-4713
D.C. #

C
Unit

FROM:

Kenneth D. Kyler
Superintendent

I have received your inmate request slip and have the following response.

☒ Referred to appropriate staff member Mr. B. P. Yarges

Additionally, I have the following comments: _____

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response.

cc: Counselor W. Cummins
File

DC-135A

PHED/Copied/ A.O.D.A. REQUESTS

LEGAL SWORN CORRESPONDANCE *J.M.L.*
INMATE'S REQUEST TO STAFF MEMBER *10/13/17/16*COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

2. DATE

SUPERINTENDENT *Kyle*

14 SEPT 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

4. COUNSELOR'S NAME

MOSEK BE4713

COMMINT

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CA-028

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

I AM DEEMED LEGALLY DISABLED BY (BUREAU OF DISABILITY COMM. OF PENNA) (Disability Commission of TEXAS & NEVADA) (FEDERAL BUREAU OF DISABILITY S.S.I. & S.S.D. Administration). So I "Now" Formally REQUEST THAT you comply with THE AMERICAN WITH DISABILITIES ACT OF 1990, REHAB. ACT and my FILED DISABILITY CLAIM FOR SERVICE FILED WITH THE FA. D.O.C. CAMP HALL. I AM NOT ASKING you to upgrade your whole PRISON, which is NOT compliant with THE ADA and DOES GROSSLY DISCRIMINATE AGAINST THE DISABLED. I AM FORMALLY REQUESTING TO BE HOUSED ON THE SPECIAL NEEDS UNIT of SEC-HUNTINGTON, AS I LEGALLY QUALIFY MORE THAN MOST ALREADY HOUSED THERE, AND BE PERMITTED TO HAVE A SINGLE BOTTOM TIER CELL, AS THE FEDERAL STANDARD IS 53TH OF SPACE (PER DISABLED PERSON) and PRIVACY FOR ENCLAVEMENT PRISONER TO CLEAN THEMSELVES WHEN THEY HAVE SUCH PROBLEM. PLEASE COMMAND MY HOUSING CHANGE TIMELY, YOUR ASSISTANCE IS DEEPLY

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

APPRECIATED GOD BLESS YOU AND YOURS.

(PENNA. D.O.C. vs. YESKEY), 113 U.S. SUPREME CT. 1952 (1998)

* PLAIN TEXT OF TITLE II OF THE AMERICANS WITH DISABILITIES ACT, UNAMBIGUOUSLY EXTENDS TO STATE PRISON INMATES. *

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

C.C. (KYLE)
ATTN:

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

WARDEN KYLE

2. DATE

14 SEPT. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEB REC 713

4. COUNSELOR'S NAME

CUMMINS

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CA-028

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

SIR, Recently I wrote Counsel / AT. IN A EFFORT TO GET ASSISTANCE, WITH ~~THE~~ MEDICAL NEGLECT, EN SO I WAS IN MY CONSTITUTIONAL RIGHTS TO DO SO, I'VE BROKEN NO RULES HERE NOR, TAKEN ACTION ON NOTHING, NOR SERVED THE TASK. PERSONALLY. SO, THE REASON I AM WRITING YOU IS, I DON'T WANT TO BE A HASSLE (OR) THORN IN YOUR SIDE, IN FACT IF YOUR STAFF "MAKES AN HONEST EFFORT TO EFFECTIVELY ITANAGE MY PAIN IMMEDIATELY AND SCHEDULE TREATMENTS" I WOULD DEEPLY APPRECIATED IT, EVEN IN WRITING. MY E.M.G, SHOWED I WAS NOT FAKING, MY (4) M.R.I. WERE NOT WRONG AND NEITHER WAS THE NURD-SURGEON(S), NOW THAT YOU GOT YOUR PROOF, PLEASE STOP THE MEDICAL NEGLECT AND LETS MOVE ON FORWARD. SO, PLEASE DISREGARD ANY CORRESPONDANCES FROM COUNSEL (OR) PRESS IF

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

I'M GETTING THE ABOVE MENTIONED TREATMENT AND I WANT TO WORK WITH YOU. IF I'VE OFFEND YOU IN ANY MANNER, IN MY CORRESPONDANCE'S I APOLOGIZE.

Thank you kindly!

☐ TO DC-14 CAR ONLY

☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400
September 13, 2000

SUBJECT: Consolidated Inmate Grievance
Review System

TO: Moser, BE-4713
C Unit

FROM:

Diana G. Baney
Diana G. Baney
Grievance Coordinator

1028

I am returning your grievance because you have not complied with the following provision(s) of DC-ADM 804, dated October 20, 1994, Consolidated Inmate Grievance Review System:

- ☐ All grievances shall be in writing and in the format provided by the forms supplied by the institution (DC-804, Part I). Forms are available in the block. (Section VI., A, 1)
- ☐ All grievances shall be presented individually. Group grievances are prohibited. (Section VI., A, 2)
- ☐ Only an inmate who has been personally affected by a Department or institution action or policy shall be permitted to seek review of a grievance. (Section VI., A, 3)
- ☒ All grievances must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner. (Section VI., A, 4)
- ☐ Grievances based upon different events should be presented separately, unless it is necessary to combine the issues to support the claim. (Section VI, A, 5)
- ☐ Grievances must be signed. (Section VI., A, 3)
- ☐ Any inmate grievance may be addressed to the Inmate Grievance Coordinator except issues related to the following: (Section VI., E)
 1. DC-ADM 805 - Policy & Procedures for Obtaining Pre-Release Transfer.
 2. DC-ADM 801 - Inmate Disciplinary and Restricted Housing Unit Procedures. See DC-ADM 801 VI., G & I.
 3. DC-ADM 802 - Administrative Custody Procedures. See DC-ADM 802, VI., B, 1,2. Appeal from Initial Review, see DC-ADM 802, VI., B, 4, a.

4. Other Kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.

Grievances related to the above issues shall be according to procedures specified in the directives listed and shall not be reviewed by the Inmate Grievance Coordinator.

_____ Initial reviews must be submitted within 15 calendar days after the events upon which claims are based. (Section VI., B, 2)

_____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form (DC-ADM 804, Part I).

Comments:

Mr. Moser:

Be advised that my position regarding this matter remains unchanged. The issues regarding your medical complaints and complaints about Dr. Mohadjerin are being addressed in response to grievance # 0136-00. As I previously advised you, if you have any additional information you feel should be considered, you should submit this information to Mrs. P. Yarger, Health Care Administrator, via request slip.

Because this matter is already being addressed in response to the above noted grievance, be advised that your request to file an additional grievance is denied.

DGB:tl

cc: Deputy Williamson
Mrs. P. Yarger
DC-15
File

DC-135A

C.C. (5)

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

— Grievance Coordinator —

1. TO: (NAME AND TITLE OF OFFICER)

MS. BANEY (Assistant to Superintendent)

2. DATE

10 SEPT. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEY BE4713

4. COUNSELOR'S NAME

Commings

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

MS. BANEY, WITH ALL DUE RESPECTED PLEASE SEE ATTACHED - PLEASE ASSIGN ME A GRIEVANCE NO# AND PROCESS IT IN ACCORDANCE TO D.O.C. POLICY AND (Prisoner Litigation Reform Act of 1996) YOU SAID THIS ISSUE WAS BEING ADDRESS ALREADY IN GRIEVANCE NO# 0136-00,, THIS IS MORE THEN ENOUGH RESPECTFULLY, THIS IS A SEPARATE INCIDENT AND A DIRECT VIOLATION OF MY CONST. RIGHTS WHICH TOOK PLACE ON A DIFFERENT DAY. IF YOU CHECK MY FILE I LITIGATED THE PROBLEMS BEFORE, WITH REFERENCE TO GETTING GRIEVANCE NO# ASSIGNED TO MY GRIEVANCE. NOW, I FEEL I'M BEING DENIED MY DUE PROCESS RIGHTS BY YOUR OFFICE AGAIN. (THE P.L.R.A.) STATE'S I MUST EXHAUST REMEDIES ON EACH SEPARATE ISSUE, UNLESS PRISON OFFICIAL MAKE SUCH IMPOSSIBLE. ALL I ASK IS THAT I BE ASSIGN NO# IN ACCORDANCE WITH THE LAW & THAT I NOT BE HARASSSED UNLAWFULLY BY STAFF, IN RETALIATION FOR MY LITIGATION

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

AS IS BECOMING THE CASE TOWARDS ME, WITH GUARDS AND STAFF. PLEASE DOCUMENT SUCH. THANK YOU AND MAY GOD BLESS YOU & YOURS.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

4. Other Kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.

Grievances related to the above issues shall be according to procedures specified in the directives listed and shall not be reviewed by the Inmate Grievance Coordinator.

Initial reviews must be submitted within 15 calendar days after the events upon which claims are based. (Section VI., B, 2)

Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form (DC-ADM 804, Part I).

Comments:

Mr. Moser:

Be advised that my review of this grievance indicates that it is currently being addressed in response to grievance # 0136-00. Subsequently, a second grievance will not be processed regarding this matter. If you have additional information you feel should be considered by Mrs. P. Yarger, Health Care Administrator, I recommend that you submit it to her in the form of a request slip.

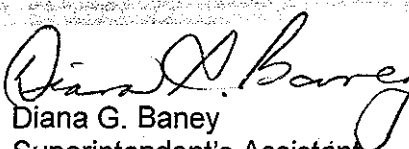
DGB:tl

cc: Deputy Williamson
Mrs. P. Yarger
DC-15
File

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400
September 18, 2000

SUBJECT: Response to Inmate's Request to Staff Member

TO: Moser, BE-4713
CA Unit

FROM: 
Diana G. Baney
Superintendent's Assistant

In response to your request, be advised that I have no medical expertise and I am in no position to question the medical expertise of staff in the Medical Department. Therefore, I can only recommend that you continue to work through Mrs. Yarger regarding the issues you raise in this request. I am certain that medical staff will take into consideration the results of any medical test you have at this facility or outside the facility.

DGB:tll

cc: Deputies
Mrs. P. Yarger
Mr. W. Cummins
DC-15
File

1028

DC-135A

C.E. (5) Williamson
Vagell
Barnes
AT/FILE

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MS. BARNES (ASSIST. TO SUPERINTENDENT)

2. DATE

14 Sept 2000

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEK BEL4713

4. COUNSELOR'S NAME

Cummings

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CA-028

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Today (THURSDAY 14th SEPT. 2000) I WAS TAKEN OUT FOR A E.M.G. WHICH SHOWS THE LEVELS OF PAIN I AM IN AND EXTENT OF THE NERVE DAMAGE IN MY BACK AND LEFT LEG & FOOT. AFTERWARDS THE DOCTOR CONCLUDED THAT I HAVE EXTREME NERVE DAMAGE SO MUCH HE TOLD ME HIS BACK IS "SHOT" AND HIS LOWER LEG AND FOOT IS "DYING" THAT WHY THE HAIR IS FALLING OUT AND LEFT FOOT IS SMALLER. THUS HE MUST BE HAVING EXTREME (LOT) OF PAIN. SO C/O WARDEN WALKED ME DOWN TO MEDICAL WHEN WE GOT BACK AND TOLD THE MEDICAL STAFF WHAT HE SAID AND THAT THE DOCTOR SUGGESTED I BE MEDICATED FOR PAIN (EXTREME PAIN IS WHAT I'M HAVING AND MY BACK IS "SHOT" MY FOOT IS DYING FROM LACK OF TREATMENT, I HAVE BEEN WAITING (14 MONTHS) FOR THE D.O.G. TO TREAT ME, NOW IT MAY BE IRREVERSEABLE HARM. BUT I'M NOT WAITING YOU TO ARGUE OR BLAME

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

BUT TO SAY I NEED HELP IMMEDIATELY, EFFECTIVE PAIN MANAGEMENT FIRST. PLEASE ORDER THIS NOW AS MY NURSE-SURGEON RECOMMENDED, I WANT TO WORK WITH YOU IN GETTING WELL AS I CAN. IF YOU HELP I WOULD APPRECIATE IT PLEASE DON'T PROLONG THE DAMAGE TO ME AND PROLONG MY PAIN. ALSO I HAD (8) EPIDURALS IN THE PAST NONE WORKED. IF YOUR GONE THAT ROUTE, IT MAY BE A WASTE OF MONEY. PLEASE CALL ME DOWN TO TALK (OR) DO SOMETHING FOR MY PAIN A.S. APO - THANK YOU KINDLY -

HE ALSO AFFIRMED MY INCONTINENCE DUE TO NERVE DAMAGE

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon.
(814)643-2400

DATE:

9-1-00

SUBJECT:

Inmate Request Slip

TO:

Moser
Inmate Name

BE-4713
D.C. #

C
Unit

FROM:

Kenneth D. Kyler
Superintendent

I have received your inmate request slip and have the following response.

☒ Referred to appropriate staff member Mr. B. P. Yarger

Additionally, I have the following comments: _____

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response.

cc:

Counselor

W. Cummins

File

DC-135A

c.c.
Super
Chapin
ATTN

* LEGAL *

INMATE'S REQUEST TO STAFF MEMBER

(SEE ATTACHED)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

2. DATE

31 AUG 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

4. COUNSELOR'S NAME

MOSEER BE4713

Cummins

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Greetings

MR. KYLER, I HEAR YOUR A FINE MAN, AND I HAVE MUCH RESPECT FOR YOU. I SENT THIS AFFIDAVIT THROUGH YOUR OFFICE, BECAUSE THAT IS THE PROPER WAY TO SEE IT GETS FILED INTO RECORD, SO LATER DOWN THE ROAD IT CAN'T BE SAID, THE PA. D.O.C. HONORARY DIDN'T KNOW ABOUT THE AFFIDAVIT. IN THE SAME THATS WHY I WROTE YOU ABOUT DR. MONAGHAN, RETALIATORY ACTIONS AND EXTREME MEDICAL NEGLECT, SO NOBODY CAN SAY LATER, "I CLAIM MY INNOCENT PROTECTION I DIDN'T KNOW." ALL PARTIES ARE FULLY KNOWING OF THE UNLAWFUL, UNCONSTITUTIONAL ACTION OF THE DOCTOR, IT'S UP TO YOU IF YOU OR STAFF WANT TO STEP IN AND HELP. ALL ASSISTANCE IS DEEPLY APPRECIATED. NEXT, WITHIN THE NEXT 30 DAYS I

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

EXPECT YOUR OFFICE WITH BE CONTACT BY PRESS MEMBERS AND ATTORNEY'S. I FULLY CONSENT TO SPEAK WITH THEM, AND RELEASE ANY REQUEST RECORDS. PLEASE FILE SAID DOCUMENTS INTO RECORD. THANK YOU AND MAY GOD BLESS YOU & YOURS. Respectfully
J. MOSEER

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

INMATE'S REQUEST TO STAFF MEMBER

C.C. - Super
Chaplain
ATTN:

1. TO: (NAME AND TITLE OF OFFICER)

Superintendent Kenneth D. Kyler

2. DATE

31 Aug 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSER BE4713

4. COUNSELOR'S NAME

Commings

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

* LEGAL AFFIDAVIT - SWORN STATEMENT (28. U.S.C. 1746)

YOU ARE HEREBY LEGAL NOTIFIED IN ACCORDANCE WITH U.S. CONST. THAT I, JEFFERY PAUL MOSER (BE4713) AM OF THE FAITH (RELIGION) AS THAT OF AN "JEHOVAH WITNESS". PURELY CHRISTIAN BELIEF.

THEREFORE, I WILL NOT ACCEPT NO ALTERNATIVE FLUIDS ENTERING my Body. SUCH AS, (A.) BLOOD TRANSFUSION (B) I.V. FLUIDS (OR) MEDICATION (C) FEEDING TUBES (D) NEEDLES (OR) SHOTS WITH NEEDLES.

THE ONLY EXCEPTION TO THIS AFFIDAVIT, IS IF I GIVE YOU MY EXPRESS PERMISSION. OTHERWISE DO NOT VIOLATE MY CONSTITUTIONAL RIGHTS AND FORCE UPON ME FLUIDS ETC... THIS AFFIDAVIT CAN AND WILL BE USED IN UPCOMING COURT ACTIONS. SWORN TO BE TRUE & CORRECT.

* WITNESSED / DATED / SIGNED.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Jeffery Paul Moser - 31 Aug 00
— Thank you kindly —

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon.
(814)643-2400

DATE: 9-1-00

SUBJECT: Inmate Request Slip

TO:

Moses
Inmate Name

BE-4713
D.C. #

C
Unit

FROM:

Kenneth D. Kyler
Superintendent

I have received your inmate request slip and have the following response.

☒ Referred to appropriate staff member

Mrs. P. Yarger

Additionally, I have the following comments:

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response.

cc: Counselor W. Cummins
File

Capt Leary

DC-135A

C.C. (3) ATT
Super
Media /rel -

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

SUPERINTENDENT KYLEK

2. DATE

1 Sept. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSSIL BE4713

4. COUNSELOR'S NAME

COMMUN

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

AS I WROTE YOU ABOUT THE UNLAWFUL, RETALIATORY ACTIONS OF DR. MAHMOUDJENIN THE OTHER DAY (2) DAYS AGO. I FORGOT TO MENTION,

WHEN I SPOKE TO HIM ABOUT MY RIGHTS TO EXERCISE MY RIGHT TO FILE GRIEVANCE AND LITIGATE IN PROTEST. HE SAID "WELL REMEMBER YOU HAVE A MAX. DATE OF 2004"

I UNDERSTAND THIS TO BE A DIRECT THREAT TO ME, THAT IF I LITIGATE (OR) EXPOSE TO THE MEDIA HIS UNLAWFUL ACTION HE'LL GET EVEN WITH ME, WITH RETALIATION AND INSTRUCT OTHER STAFF MEMBERS TO TREAT ME WITH DELIBERATE INDIFFERENCE. I WILL CONTINUE TO EXERCISE MY RIGHTS, TO STOP HIS UNLAWFUL ACTIONS AND PUBLICLY EXPOSE THEM. I PRAY YOU WILL STOP ANY FURTHER ACT'S OF INDIFFERENCE

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

TOWARDS ME. PLEASE ENTER THIS DOCUMENT INTO LEGAL RECORD. THANK YOU. I AWAIT YOUR ASSISTANCE

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

(3)

C-A

INMATE'S REQUEST TO STAFF MEMBER

1028

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

~~MS. YAGER~~ (medical Administrator)

2. DATE

13 sept. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

moser BE4713

4. COUNSELOR'S NAME

commins

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CA - 028

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

MA'AM Respectfully,

You told me "work with the medical staff MOSER"

PLEASE TELL ME what THAT MEANS, ? When your staff has cut me off all treatment, what do I work with MS. YAGER, I came here on a medical transfer, because I am DISABLED (LEGALLY) and in need of constant pain management for a spinal injury, which I need a HOSION, IT'S ALL IN THE FILE, (I FILED AN A.D.A. BECAUSE THE STATE(S) AND FEDERAL GOV. DECLARED ME DISABLED AND IN "NEED" OF ALL THE TREATMENT ABOVE, I GET NO PAIN MANAGEMENT (WHICH CAUSES ME GREAT SUFFERING AND

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

IS DISCRIMINATION AND VIOLATION OF THE A.D.A. NO M.R.C., E.M.G., NURSE-SURGEON APPOINTMENT, NO TREATMENT IS OFFERED, TO WORK WITH. ONLY INDIFFERENCE TO HARM ME IS OFFERED; IF MY LAWYER TODAY SAID "WHAT ARE YOU DOING FOR HIM?" AND THE RECORD WOULD SHOW "NOTHING" MA'AM. SO PLEASE GIVE ME SOMETHING TO WORK WITH, AND IF I GOT TO WAIVE MY OPERATION, TO GET SOME PAIN RELIEF, SO I CAN FUNCTION AS A LEGALLY DISABLED PRISONER. AT THIS POINT ILL DO IT, BECAUSE I'M NOT GOING TO MAKE TO MUCH LONGER WITHOUT SOMETHING TO WORK WITH. PLEASE CALL ME AND TALK. A.S.A.P. THANK YOU KINDLY.

Mr Moser
you had an
EMG done
and you requested
dated 9/14/00 indicates
this. We are
waiting the formal
results to determine
an appropriate
treatment
plan
for you

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

Deborah R.

DATE

9-19-00

DC-135A

C.C.(5) William Swar
YAGER
BANEY
ATT/FILE

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MS. YAGER (Medical Admin)

2. DATE

14 Sept 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSSER BE4713

4. COUNSELOR'S NAME

COMPTONS

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CA-028

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Today (Thursday 14th Sept. 2000) I WAS TAKEN OUT FOR A E.M.G. which shows THE LEVELS OF PAIN I AM IN AND EXTENT OF THE NERVE DAMAGE IN MY BACK AND LEFT LEG & FOOT. AFTERWARDS THE DOCTOR CONCLUDED THAT I HAVE EXTREME NERVE DAMAGE SO MUCH HE TOLD JON'S BACK IS "SHOT" AND HIS LOWER LEG AND FOOT IS "DYING" THAT WHY THE HAIR IS FALLING OUT AND LEFT FOOT IS SMALLER. THUS HE MUST BE HAVING EXTREME (A LOT) OF PAIN. SO C/O BARNER WALKED ME DOWN TO MEDICAL WHEN WE GOT BACK AND TOLD THE MEDICAL STAFF WHAT HE SAID AND THAT THE DOCTOR SUGGESTED I BE MEDICATED FOR PAIN (EXTREME PAIN IS WHAT I'M HAVING IN MY BACK IS "SHOT" MY FOOT IS DYING FROM LACK OF TREATMENT, I HAVE BEEN WAITING (14 months) FOR THE D.O.C. TO TREAT ME, NOW IT MAY BE IRREVERSEABLE HARM. BUT I'M NOT WRITING YOU TO ARGUE OR BLAME

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

BUT TO SAY I NEED HELP IMMEDIATELY, EFFECTIVE PAIN MANAGEMENT FIRST. PLEASE ORDER THIS NOW AS MY NURSE-SURGEON RECOMMENDED, I WANT TO WORK WITH YOU IN GETTING WELL AS I CAN. IF YOU HELP I WOULD APPRECIATE IT PLEASE DON'T PROLONG THE DAMAGE TO ME AND PROLONG MY PAIN. ALSO I HAD (8) EPIDURALS IN THE PAST NONE WORKED. IF YOUR GONE THAT ROUTE, IT MAY BE A WASTE OF MONEY. PLEASE CALL ME DOWN TO TALK (OR) DO SOMETHING FOR MY PAIN A.S. APO - THANK YOU KINDLY

Mr Mosser.
It is not in the scope of practice for Mrs Yager or myself to order pain meds. These must be done by a PAC or MD. As previous we are awaiting formal results of EMG & NCS

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

P. Berharts

DATE

9-19-00

COMMONWEALTH OF PENNSYLVANIA

Department of Corrections

State Correctional Institution at Huntingdon.

(814)643-2400

DATE:

1030
8-21-00

SUBJECT:

Inmate Request Slip

TO:

Moser
Inmate Name

BE-4713

D.C. #

Unit

FROM:

Kenneth D. Kyler
Superintendent

I have received your inmate request slip and have the following response.

☒ Referred to appropriate staff member MB. P. Yarger

Additionally, I have the following comments:

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response.cc: Counselor
File

DATED / WITNESSED / COPIED
DC-135AE.C. (4) KYLER
ERHART
ATTORNEY
FILECOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONSINMATE'S REQUEST TO STAFF MEMBER
LEGAL Affidavit (22 U.S.C. 1746) *file*

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

| | | |
|--|---|-----------------------------|
| 1. TO: (NAME AND TITLE OF OFFICER) <i>KENNETH D. KYLER (SUPERINTENDENT)</i> | | 2. DATE <i>17 Aug 00</i> |
| 3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>MOSEK BE4713</i> | | 4. COUNSELOR'S NAME |
| 5. WORK ASSIGNMENT <i>PAGE 1 of 3</i> | 6. QUARTERS ASSIGNMENT <i>CB-130</i> | |
| 7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. | | |
| <p>SIR, I WAS TOLD TO WRITE, YOU. AS YOU WERE FAIR AND WOULD LISTEN. I WOULD LIKE TO TALK TO YOU. I HAVE A MAJOR PROBLEM AND WOULD LIKE TO SHOW YOU THE PAPERWORK ON IT (I.E. FEDERAL LITIGATION (LAW SUIT) DOCUMENTS, MEDICAL RECORD STATE & FEDERAL ECT. ECT.) I WAS SENT HERE UNDER THE UNDERSTANDING I COULD HAVE MY PROPER PAIN MEDICATION HERE AND GET MY SPINAL FUSION OPERATION, WITHOUT HARASSMENT (OR) MEDICAL NEGLECT FOR SEEKING SUCH, WELL SIR. I HAVE Hep. C. AND LIVER DISEASE AND AND SURGERY ORDER AND RECOMMENDATION FOR "ORXYCONTIN" PAIN MEDS. BECAUSE THE PRESENT MEDS DON'T WORK AND (CAUSE) TO MUCH LIVER KILLING TYLADOL PER DAY FOR ME TO TAKE. (SEE MEDICAL RECORDS) THIS ORDER IS FROM A D.O.C. SURGEON AND ALSO FEDERAL DOCTORS. WELL I SAW THE DOCTOR TODAY AND HE ORDERED ME PEROCET → (CONTINUED) →</p> | | |
| 8. DISPOSITION: (DO NOT WRITE IN THIS SPACE) | | |

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

(2)

2 of 3

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER)

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

which did help a little more, But NOT LIKE THE RECOMMEND MEDICATION would, But THE ~~THE~~ Tylenol IS A MUCH SAFER LEVEL WITH THE Percet. (ACCEPTABLE) THEN TONIGHT AT THE MEDS WINDOW I'M TOLD I'M BACK ON DAROCET, which Barely works AND KILLS ME SLOWLY VIA LIVER DAMAGE. THIS IS MORE OF THE SAME MEDICAL NEGLECT AND MALPRACTICE AND MEDICATION DISCRIMINATION THAT I JUST LEFT. SIR, I HAVE A MULTIMILLION DOLLAR LAWSUIT PENDING AGAINST THE D.O.C. FOR THE SAME ACTION ABOVE, WHICH THE FEDERAL AUTHORITIES AFFIRMED MY MEDICAL CLAIM AND NEED FOR ALL THE TREATMENT. (LOOK AT THE FILE, THE TRUTH IS IN THERE) I DON'T WANT THIS TREATMENT, I NEED IT, IMMEDIATELY. I'M WRITING YOU WITH ALL DUE RESPECT SIR. I DON'T WANT TO FILE, GRIEVANCES, SEE YOU OR YOUR ADMIN. AS AN ADD ON DEFENDANT, BE SHIPPED (OR) RETALIATED AGAINST (CONTINUED → 3 of 3)

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

(3 of 3)

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

SUPERINTENDENT

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEK BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

PAGE 3 of 3

6. QUARTERS ASSIGNMENT

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

AS I JUST WHEN THREW ALL THAT, AS WELL AS I RECENTLY GOT THE PRESS INVOLVE, AND WILL VERIFY SUCH FOR YOU IF REQUESTED. I DON'T NEED TO GO THREW ALL THAT AGAIN, TO GET PROPER MEDS 3' A SPINAL FUSION OPERATION. DO I SIR? I UNDERSTAND IF I MUST GO TO COURT MY MEDICAL RECORDS SPEAKS FOR ITSELF AND I WILL WIN MONETARY DAMAGES. I DON'T WANT MONEY (OR) TO HASSLE YOU. I JUST WANT MY PAIN MANAGED PROPERLY WITH SOME FORM OF PAIN MED. RECOMMENDED. THAT WORK AND TO HAVE MY SPINAL FUSION DONE AS SOON AS I AM ABLE TOO. I DON'T WANT TO BE SHIPPED, HARRASSED, (OR) MADE TO COMPLAIN CONSTANTLY TO THE COURTS 3' YOU. I JUST WANT HELP! AS STATED IN MY RECORDS. I KNOW LITTLE GETS DONE WITHOUT THE COURTS AND PRESS. BUT I JUST WANT TO BE UNHEARD HERE. PLEASE INTERVENE, AND SEE TO IT I GET MY MEDICATION AND

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

OPERATION, I'M NOT ASKING FOR NOTHING EXTRA, THIS IS WHAT I GOT COMING TREAD THE RECORD 3' CALL D.O.C. COUNSEL, IF YOU DON'T BELIEVE ME. I PROMISE YOU SIR IF YOU HELP ME, I WILL BE FOREVER GREATFUL AND YOU WON'T HERE ANOTHER PEEP OUT OF ME, BECAUSE YOU'LL BE THE ONE WHO HELP STOP THE NIGHTMARE. I WOULD LIKE TO SPEAK WITH YOU SIR. THANK YOU AND GOD BLESS, YOU 3' YOURS.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-804

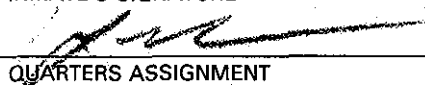
PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

Docket No # PLEASE

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

| | | |
|---|--|-----------------------------|
| TO: GRIEVANCE COORDINATOR MEDICAL GRIEVANCE | INSTITUTION S.C.E.H. | DATE 17th Aug. 00 |
| FROM: (Commitment Name & Number) MOSEK BE4713 | INMATE'S SIGNATURE  | |
| WORK ASSIGNMENT | QUARTERS ASSIGNMENT 0-0- CB-130 | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I AM ONCE AGAIN SUFFERING FROM MEDICAL NEGLECT AND THIS CAUSES ME GREAT PAIN AND SUFFERING. I CAME HERE EN MAS OF A SPINAL FUSION, AND ORDER FROM THE SURGEON TO PUT ME ON ORYCONTINE FOR SEVER PAIN BECAUSE THE PRESENT PAIN MEDICATIONS DO NOT WORK (DARVOSET) AND I HAVE Hep.C. AND THAT MUCH TYLXOL PER. DAY. IS KILLING MY LIVER. (SEE ATTACHED) NOW I WENT THRU ALL THIS WITH MR. ERHART OF CAMP HILL AND MR. FORM AND WAS ASSURED I WOULD GET MY MEDICATION AND OPERATION AT HUNNINGTON, WELL I TOOK PEROCET TODAY AND IT HELPED A LITTLE AND HAD LESS TYLXOL. BUT TONIGHT I AM TOLD I AM BACK TO SAME OLD THING, DARVOSET, AND 5000 MG. PER. THIS IS MORE OF SAME, I WANT TO EXHAUST DC-804, AND GO BACK TO THE FEDERAL

B. Actions taken and staff you have contacted before submitting this grievance:

COURTS A.S.A.P. IT ALL I'M GOING TO GET IS FURTHER, MEDICATION DISCRIMINATION, LIFE THREATENING MEDICAL NEGLECT. (1) SPOKE TO NURSE, SPOKE TO DOCTOR, SPOKE TO SGT. FELT. NO RESULTS, URGENT MATTER, PLEASE RESOLVE & ASSIST.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

DATED/WITNESSED/COPIED

* PLEASE ASSIGN NO#

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

1030
0136-00

| | | |
|--|----------------------------------|--------------------|
| TO: GRIEVANCE COORDINATOR | INSTITUTION SCI - HUNNINGTON | DATE 29 Aug. 00 |
| FROM: (Commitment Name & Number) JEFFERY MOSER BE4713 | INMATE'S SIGNATURE Jeff Moser | |
| WORK ASSIGNMENT | QUARTERS ASSIGNMENT CB-130 | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

Now, THAT I HAVE EXHAUSTED ALL REMEDIES, BEFORE FILING A GRIEVANCE, TO THE PRIN (P. EVERHART (RNS) OF THE MEDICAL DEPT. STATED SHE WILL ADDRESS "NOMORE" REQUEST ON THIS ISSUE) SO, I ONLY HAVE THE GRIEVANCE PROCESS THEN COME & PRESS AGENCIES TO TURN TOO. I AM BEING REFUSED A SPINE FUSION OPERATION, NURO-SURGEON CONSULTATION, EFFECTIVE PAIN MEDICATION, (I.E. WITH LESS TYPID BECAUSE I HAVE LIVER DISEASE) AND THE PRESENT MEDS, DON'T WORK, BECAUSE I NEED A SPINE FUSION AND UNTILL I HAVE SAID OPERATION MY CONDITION AND PAIN CAUS AND WILL ONLY GET WORSE. THE NEED FOR THE OPERATION & STRONGER MEDICATION ARE REFLECTED IN MY MEDICAL RECORD. BUT ARE BEING IGNORED. I AM REFUSED MEDICATION, & THE OPERATION UNDER FALSE PRETENSES I AM NOT REFUSING THE OPERATION, IN FACT I'VE BEEN SEEKING THE OPERATION FOR SOME TIME, NEXT I HAVE NO HISTORY OF DRUG ABUSE WITH MEDICATION, ONLY A NEED FOR PAIN

B. Actions taken and staff you have contacted before submitting this grievance: MANAGEMENT, A SPINE FUSION OPERATION, AND A P. * I FEEL THIS IS MEDICAL MALPRACTICE & INEFFECT.

WROTE SUPERINTENDENT KYLER, (RESPONSE RECEIVED) (4) REQUEST FILED TO MS. YALGER (RESPONSE RECEIVED BY P. EVERHART ON BEHALF OF MS. YALGER) (8-29-00) (2) SICK VISITS & SPOKE TO DR. REENER, ALL AVE. ADDRESSED WITH NO RESOLUTION (OR) ASSISTANCE.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

D. Barney

Signature of Grievance Coordinator

8-31-00

Date

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400

DATE: 8-21-00

SUBJECT: Inmate Request Slip

TO: Jeffrey Maser
Inmate Name

BE-4713
D.C. #

C
Unit

FROM: Kenneth D. Kyler
Superintendent

1030

I have received your inmate request slip and have the following response.

☒ Referred to appropriate staff member MR. P. Yarger

Additionally, I have the following comments: _____

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response.

cc: Counselor CB Unit
File

Benjamin Nakkache M.D. F.A.C.S. F.N.C.S.
Diplomate American Board of Neurological
Surgery..
Microneurosurgery...

New Bridge Center
480 Pierce St.
Suite 219
Kingston Pa. 18704
570-714-8900
570-714-0960 (Fax)

SENT TOO!
SUPERINTENDENT
KYLEK 8/17/2000

SEE, PLEASE
workbook file with
handwritten notes on the
back, taken were written for
my attorney's and Federal Judge,
But this is the only Explan Copy
I have, to send you. This is my
Report from the P.O.C. specialist.
which clearly states what's
not work, what need also
(medication 3 operation)
etc. I have much more
proof for your
viewing.
Thank

This Patient is coming to see me for Evaluation of Back and Left Leg Pain and to a Lesser degree on the Right side. As we know, the patient had surgery in the past Two Different times before He was imprisoned, Both L4-L5 and L5-S1 with fairly good pain relief, untill he fell from an elevator in 1997. Since then, he has been having more severe back and left leg pain and even some difficulty with bladder control, However no overt Cauda Equina Syndrome is noted. Walking and sitting is worse than lying down. He also complains of Paresthesias on the left foot affecting both the L5-S1 Dermatomes. So far the Medication he has been given for Pain Control has been Ineffective.

Neurological Examination

- 1.) Mental Status: Patient is awake, alert and oriented X3
- 2.) Neck: Soft, Supple
- 3.) Cranial Nerves: I-XII are in tact
- 4.) Motor Examination: It is difficult to detect any definitive weakness, the left lower extremity is difficult to test because of Pain.
- 5.) Sensory Examination: There is no definitive Sensory loss to touch and pinprick on the upper extremities, but on the the Lower ones, Mostly on the Left side affecting the L5-S1 Dermatomes.
- 6.) Reflexes: Are 2+ and symmetrical all throughout except the Ankle jerks which are barely trace on the Left side a 1+ on the right side Plantar responses are downgoing.
- 7.) Lower Back Examination: Discloses a well healed midline scar, there is tenderness to the Left side of the midline but no definitive Paravertebral muscle spasm is noted. Straight leg raising on the Left side is Positive for leg pain at about 30 degree's and also sitting up on the right side, it also causes contralateral left leg Pain.
- 8.) Radiology: I reviewed his M.R.I. of the lumbar spine, Which disclosed evidence of recurrent Disc Herniation at L4-L5 and to a lesser degree at L5-S1 There is Evidence of D.J.D. at both levels also...

I feel at this point, He should be considered for surgery.
 * I am aware that the Patient may have had other problems in the past as per the prison doctor, But certainly the M.R.I. findings are quite straitforword. Although a Limited Laminotomy could be done on the left side at L4-L5 that could be difficult because of his previous surgeries and as such a Full Laminectomy will be more effective and safer to remove the recurrent Disc Herniation. However this would certainly cause more back pain unless a Lumbar Fussion is done at the same time at both levels and if so, in his case, Pedicle screw fixation with a Posterolateral bony fusion will be recommended. that of course would require a bone graft from the right hip or left hip...

In the mean time, I feel the Patient should be placed on Oxycontin around the Clock perhaps 20mg (or) 40mg twice aday to see how he responds to that. Should surgery be Authorized I would be glad to do it on a Three or Four week notice..

NOTE: THIS & ANY EFFECTIVE MEDICATIONS (OR) TREATMENTS ARE REFUSED TO ME TO DATE...

Doctor: Nakkache Report of 20th Day of March, 2000

Hand copied Word for Word By: Jeffery Moser
 out of his Medical File, In accordance with
 F.O.I.A. Law...

Waivers given Freely To all Officers of the Court , I.E. Attorneys & Judges & Members of the Press, Whom may need to reference the Originals in the interest of Justice. Jeffery Moser is the Patient Herein this report. Thus his rights are active....

NOTE: THIS REPORT WAS IN RESPONSE TO AN "ACCIDENT I HAD IN JAN. 2000" ONLY THEN DID I RECIEVE THIS CONSULTATION. I SLIPPED ON THE ICEY WALKWAY. AFTER THEY WERE MADE AWARE BEFOREHAND THAT BECAUSE OF NERVE DAMAGE FROM MY SPINE INJURY, DOWN MY LEFT SIDE (LOSS OF FEELING & BALANCE) I CAN NOT BALANCE WELL ON ICE, SNOW (OR) WET SURFACES. TO DATE I STILL AM FORCED TO WALK THE SAME ROUTE. THIS DOCTOR CONFIRMS THE DANGER, AS WELL AS

NOTE: THE FEDERAL AUTHORITIES "ORDER" SAID TREATMENT AND MEDICATION OVER (15) MONTHS AGO. (WITHOUT DELAY)

DATED / WITNESSED / COPIED

DC-135A

E.E. (4) KYLER
ERHART
ATTORNEY
FILE

INMATE'S REQUEST TO STAFF MEMBER

LEGAL AFFIDAVIT (28 U.S.C. 1746) *see*

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

KENNETH D. KYLER (SUPERINTENDENT)

| |
|---------|
| 2. DATE |
|---------|

17 Aug 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEN BE4713

4. COUNSELOR'S NAME/

5. WORK ASSIGNMENT

PAGE 1 of 3

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

SIR, I WAS TOLD TO WRITE, you. AS YOU WERE FAIR AND WOULD LISTEN. I WOULD LIKE TO TALK TO YOU. I HAVE A MAJOR PROBLEM AND WOULD LIKE TO SHOW YOU THE PAPERWORK ON IT (I.E. FEDERAL LITIGATION (LAW SUIT) DOCUMENTS, MEDICAL RECORD STATE 3rd FEDERAL ECT- ECT.) I WAS SENT HERE UNDER THE UNDERSTANDING I COULD HAVE MY PROPER PAIN MEDICATION HERE AND GET MY SPINAL FUSION OPERATION, WITHOUT HARASSMENT (OR) MEDICAL NEGLECT FOR SEEKING SUCH, WELL SIR. I HAVE HEP. C. AND LIVER DISEASE AND AND SURGERY ORDER AND RECOMMENDATION FOR "ORXYCONTIN" PAIN MEDS. BECAUSE THE PRESENT MEDS DON'T WORK AND CONTAINS TOO MUCH LIVER KILLING TYLXOL PER DAY FOR ME TO TAKE. (SEE MEDICAL RECORDS) THIS ORDER IS FROM A D.O.C. SURGEON AND ALSO FEDERAL DOCTORS. WELL I SAW THE DOCTOR TODAY AND HE ORDERED ME PEROCET → (CONTINUED) →

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

me Moser.

This was sent to me for review + answer. Chart review indicates you arrived here from SCI Frackville on 8/16/02. There is no order or indication that you received pain medication, other than Darvocet, except for a 6 day period of Tylenol #3, while @ Frackville. It is noted you saw the specialist and he recommended surgery, which you refused to have done. Additionally it is noted that after conversing with the specialist - he had recommended Oxycontin based on your request for pain management using morphine. When you arrived here you were ordered Percocet @ your request. After that visit the physician reviewed the record and determined continued use of Percocet was not in your best overall

STAFF MEMBER DATE

☐ TO DC-14 CAR ONLY ☐ TO DC-14 CAR AND DC-15 IRS

(See Pg 12)

☐ TO DC-14 CAR ONLY

☐ TO DC-14 CAB AND DC-15 IBS

STAFF MEMBER

DATE _____

82400

DC-135A

(2)

2 of 3

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

SUPERINTENDENT

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEK BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

PAGE 2 of 3

6. QUARTERS ASSIGNMENT

C13-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

which did help a little more, but not like the recommend medication would, but the ~~the~~ Tylenol is a much safer level with the Percocet. (ACCEPTABLE) THEN TONIGHT AT THE MEDIA WINDOW I'M TOLD I'M BACK ON DARVOCE, which barely works and kills me slowly via LIVER DAMAGE. THIS IS MORE OF THE SAME MEDICAL NEGLIGENCE AND MALPRACTICE AND MEDICATION DISCRIMINATION THAT I JUST LEFT. SIR, I HAVE A MULTIMILLION DOLLAR LAWSUIT PENDING AGAINST THE D.O.C. FOR THE SAME ACTION ABOVE, WHICH THE FEDERAL AUTHORITIES AFFIRMED MY MEDICAL CLAIMS. AND NEED FOR ALL THE TREATMENT. (LOOK AT THE FILE, THE TRUTH IS IN THERE) I DON'T WANT THIS TREATMENT, I NEED IT, IMMEDIATELY. I'M WRITING YOU WITH ALL DUE ~~RESPECT~~ RESPECT SIR. I DON'T WANT TO FILE, GRIEVANCES, SUE YOU OR YOUR ADMIN. AS AN ADD ON DEFENDANT, BE SHIPPED (OR) RETALIATED AGAINST (CONTINUED → 3 OF 3)

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

(Pg 2)

medical management and it was stopped & Darvocet was ordered. You will be medically managed here by the healthcare providers, based on their findings regarding what is medically necessary for you. You will not be medically managed based on what you request, demand or threaten to do. If a change in the treatment plan is needed, healthcare professionals will determine such and I am advising you to work with them in implementing and continuing the plan of care medically necessary for you.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

P. Ewertantus

DATE

8-24-00

DC-135A

(3 of 3)

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

SUPERINTENDENT

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEK BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

PAGE 3 of 3

6. QUARTERS ASSIGNMENT

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

AS I JUST WHEN THREW ALL THAT, AS WELL AS I RECENTLY GOT THE PRESS INVOLVE, AND WILL VERIFY SUCH FOR YOU IF REQUESTED. I DON'T NEED TO GO THREW ALL THAT AGAIN, TO GET PROPER MEDS 3' A SPINAL FUSION OPERATION. DO I SIR? I UNDERSTAND IF I MUST GO TO COURT MY MEDICAL RECORDS SPEAKS FOR ITSELF AND I WILL WIN MONETARY DAMAGES. I DON'T WANT MONEY (OR) TO HASSLE YOU. I JUST WANT MY PAIN MANAGED PROPERLY WITH SOME FORM OF PAIN MED. RECOMMENDED, THAT WORK AND TO HAVE MY SPINAL FUSION DONE AS SOON AS I AM ABLE TOO.

I DON'T WANT TO BE SHIPPED, HARRASSED, (OR) MADE TO COMPLAIN CONSTANTLY, TO THE COURTS 3' YOU. I JUST WANT HELP! AS STATED IN MY RECORDS. I KNOW LITTLE GETS DONE WITHOUT THE COURTS AND PRESS. BUT I JUST WANT TO BE UNHEARD HERE. PLEASE INTERVENE, AND SEE TO IT I GET MY MEDICATION AND

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

operation, I'm NOT ASKING FOR NOTHING EXTRA, THIS IS WHAT I GOT COMING TREAD THE RECORD 3' CALL D.O.C. COUNSEL, IF YOU DON'T BELIEVE ME. I PROMISE YOU SIR IF YOU HELP ME, I WILL BE FOREVER GRATEFUL AND YOU WON'T HERE ANOTHER PEEP OUT OF ME, BECAUSE YOU'LL BE THE ONE WHO HELP STOP THE NIGHTMARE. I WOULD LIKE TO SPEAK WITH YOU SIR. THANK YOU AND GOD BLESS, YOU 3' YOURS.

See
Pg 1-2☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

P.E.E.

DATE

8/20/00

Benjamin Nakkache M.D. F.A.C.S. F.I.C.S.
Diplomate American Board of Neurological
Surgery..
Microneurosurgery...

New Bridge Center
480 Pierce St.
Suite 219
Kingston Pa. 18704
570-714-8900
570-714-0960 (Fax)

SENT TOO!
Superintendent
KYLEK 8/17/2000

This Patient is coming to see me for Evaluation of Back and Left Leg Pain and to a Lesser degree on the Right side. As we know, the patient had surgery in the past Two Different times before He was imprisoned, Both L4-L5 and L5-S1 with fairly good pain relief, untill he fell from an elevator in 1997. Since then, he has been having more severe back and left leg pain and even some difficulty with bladder control, However no overt Cauda Equina Syndrome is noted. Walking and sitting is worse than lying down. He also complains of Paresthesias on the left foot affecting both the L5-S1 Dermatomes. So far the Medication he has been given for Pain Control has been Ineffective.

Neurological Examination

- 1.) Mental Status: Patient is awake, alert and oriented X3
- 2.) Neck: Soft, Supple
- 3.) Cranial Nerves: I-XII are in tact
- 4.) Motor Examination: It is difficult to detect any definitive weakness, the left lower extremity is difficult to test because of Pain.
- 5.) Sensory Examination: There is no definitive Sensory loss to touch and pinprick on the upper extremities, but on the the Lower ones, Mostly on the Left side affecting the L5-S1 Dermatomes.
- 6.) Reflexes: Are 2+ and symmetrical all throughout except the Ankle jerks which are barely trace on the Left side a 1+ on the right side Plantar responses are downgoing.
- 7.) Lower Back Examination: Discloses a well healed midline scar, there is tenderness to the Left side of the midline but no definitive Paravertebral muscle spasm is noted. Straight leg raising on the Left side is Positive for leg pain at about 30 degree's and also sitting up on the right side, it also causes contralateral left leg Pain.
- 8.) Radiology: I reviewed his M.R.I. of the lumbar spine, Which disclosed evidence of recurrent Disc Herniation at L4-L5 and to a lesser degree at L5-S1 There is Evidence of D.J.D. at both levels also...

DC-804

PART 1


COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

PLEASE ASSIGN DOCKET NO #
— P.L.R.A. —

COPIED / DATED / WITNESSED
SUBMISSION

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

| | | |
|--|--|--------------------|
| TO: GRIEVANCE COORDINATOR | INSTITUTION SCE - HUNTINGTON | DATE 30 Aug. 00 |
| FROM: (Commitment Name & Number) MOSEK, Jeff BE4713 | INMATE'S SIGNATURE  | |
| WORK ASSIGNMENT | QUARTERS ASSIGNMENT CB-130 | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

THIS IS A "RETALIATION CLAIM" FILED AGAINST "DR. FARROKH MOHADJEREN" SO IN PROPER FORM IT SHOULD NOT BE ADDRESSED/ANSWERED BY THE DOCTOR, RATHER WITH THE PROTOCOL IN MIND IT SHOULD BE ANSWERED BY A SUPERVISOR OVER THE DOCTOR. ON 29 AUG. 00 I FILED A GRIEVANCE AGAINST THE MEDICAL DEPT. FOR LACK OF MEDICATIONS, TREATMENT FOR MY DOCUMENTED SPINE INJURY. TODAY I WAS CALLED DOWN BY THE DOCTOR, AND TOLD AS I UNDERSTOOD IT, THAT ALL MY MEDICATION FOR PAIN WOULD BE STOPPED AND RECEIVE NO TREATMENT FOR MY SPINE INJURY, AS I WAS FAKING IT, THAT HE BELIEVED THIS, THAT THE (4) M.R.I. ~~SHOULD~~ MEDICAL PROOF TESTING AND ALL NURO-SURGEON DOCTOR (PAST) (9 TOTAL) D.O.C. DOCTOR AND SPEC LIST AND FEDERAL MEDICAL SPEC LIST WERE WRONG AND HE IS RIGHT, I'M FAKING. WE KNOW M.R.I. DON'T LIE (OR) DO NURO-SURGEON. MY INJURY AND NEED FOR TREATMENT IS A PROVEN FACT. HIS ACTION ARE RETALIATORY, ~~ATTENDED~~ INTENTIONAL ENLIGHTENED TO CAUSE

B. Actions taken and staff you have contacted before submitting this grievance: ME GREAT PAIN AND SUFFERING, ATTEMPTED TO DO INTENTIONAL IRREPARABLE HARM TO ME. TO STOP MY LITIGATION DUE TO PAIN AND SUFFERING. YOU CAN CLEARLY SEE THE RETALIATION, ALL THE MEDICAL TESTING AND DOCTOR PAST ARE NOT WRONG, AND ONLY THE DOCTOR (MOHADJEREN) IS RIGHT. NO JUDGE WILL BUY THAT.

* (WROTE WARDEN MEDICAL NEEDS) (MANY REQUEST TO MED. ADMIN.) (SPOKE TO (PA) DR. RIEWER, AND DR. MOHADJEREN. (NO RESOLUTION) PLEASE DOCKET THIS INDIFFERENCE.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-135A

(Date Copied/Witnessed - CORR.)

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

UNIT MANAGER - MR. ELLIOT - CB-Block.

2. DATE

28 AUG. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEY, JEFFERY BEY713

4. COUNSELOR'S NAME

MR. COMMINS

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

UPON SPEAKING WITH THE MEDICAL DEPT. HERE, I WAS TOLD TO CONTACT YOU SIR, OTHERWISE I WOULD NOT BOTHER YOU. AS YOU ARE VERY BUSY I AM SURE. I HAVE A SPINE INJURY AND I AM AWAITING A SPINE OPERATION. DUE TO THIS PROBLEM, IT REQUIRES ME TO SLEEP WITH A "EXTRA PILLOW" TO PLACE BETWEEN MY LEGS, THIS HELPS TO KEEP DOWN THE PAIN AND STRAIGHTEN THE CURVATURE OF MY BACK WHILE I SLEEP. IT IS "NEEDED" MEDICALLY. I HAVE ALL THE DOCUMENTATION FROM SCI-FRACKVILLE / SCI-GRAFFENBURG / FEDERAL PRISON WHICH STATES THE "NEED" FOR AN "EXTRA PILLOW". WHY AT SCI-HARRINGTON I AM TO ADDRESS THIS MEDICAL NEED, WITH A NON-MEDICAL PROFESSIONAL I DON'T UNDERSTAND, BUT I WAS ASSURED BY MEDICAL (DEPT.) THAT YOU COULD HANDLE THIS FOR ME, WITHOUT DELAY. SO PLEASE ARRANGE "THE EXTRA PILLOW" FOR ME (OR)

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DENY SO IN WRITING. THANK YOU FOR YOUR TIME SIR.

- I REQUEST -

MR MOSER,

I HAVE DISCUSSED YOUR REQUEST WITH MEDICAL STAFF AT THIS INSTITUTION AND THEY HAVE INFORMED ME THAT THERE IS NO MEDICAL NEED FOR THIS PILLOW. YOUR REQUEST IS DENIED.

☒ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

8/30/00

DC-804

PART 1

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

P.O. BOX 598

CAMP HILL, PA. 17001-0598

PLEASE ASSIGN DOCKET NO#
- P.L.R.A. -COPIED/DATED/WITNESSED
SUBMISSION -

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

| | | |
|--|------------------------------------|--------------------|
| TO: GRIEVANCE COORDINATOR | INSTITUTION SCE-HUNNINGTON | DATE 30 Aug. 00 |
| FROM: (Commitment Name & Number) MUSER, JEFF BE4713 | INMATE'S SIGNATURE <i>A. M.</i> | |
| WORK ASSIGNMENT | QUARTERS ASSIGNMENT CB-130 | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

THIS IS A "RETRIBUTION CLAIM" FILED AGAINST "DR. FARROUK MOHADJEREN" SO IN PROPER FORM IT SHOULD NOT BE ADDRESSED/ANSWERED BY THE DOCTOR, RATHER WITH THE PROTOCOL IN MIND IT SHOULD BE ANSWERED BY A SUPERVISOR OVER THE DOCTOR. ON 29 AUG. 00 I FILED A GRIEVANCE AGAINST THE MEDICAL DEPT. FOR LACK OF MEDICATIONS? TREATMENT FOR MY DOCUMENTED SPINE INJURY. TODAY I WAS CALL DOWN BY THE DOCTOR, AND TOLD AS I UNDERSTOOD IT, THAT ALL MY MEDICATION FOR PAIN WOULD BE STOPPED AND RECEIVE NO TREATMENT FOR MY SPINE INJURY, AS I WAS FAKING IT, THAT HE BELIEVED THIS, THAT THE (4) M.R.I. ~~SHOULD~~ MEDICAL PROOF TESTING AND ALL NURO-SURGEON DOCTOR (PAST) (9 TOTAL) D.O.C. DOCTOR AND SPEC LIST AND FEDERAL MEDICAL SPEC LIST WERE WRONG AND HE IS RIGHT, I'M FAKING. WE KNOW M.R.I. DON'T LIE (OR) DO NURO-SURGEON. MY INJURY AND NEED FOR TREATMENT IS A PROVEN FACT. HIS ACTION ARE RETALIATORY, ~~AND~~ INTENTIONAL ENLIGHTENED TO CAUSE

B. Actions taken and staff you have contacted before submitting this grievance: ME GREAT PAIN AND SUFFERING, AIMED TO DO INTENTIONAL IRREPAIRABLE HARM TO ME. TO STOP MY LITIGATION DUE TO PAIN AND SUFFERING. YOU CAN CLEARLY SEE THE RETALIATION, ALL THE MEDICAL TESTING AND DOCTOR PAST ARE NOT WRONG, AND ONLY THE DOCTOR (MOHADJEREN) IS RIGHT, NO DOCTOR WILL BUY THAT!

* (WROTE WARDEN MEDICAL NEEDS) (MAILED REQUEST TO MED. ADMIN.) (SPOKE TO (PA) DR. RIEWER, AND DR. MOHADJEREN, (NO RESOLUTION) PLEASE DOCKET THIS ENLIGHTENED.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400
August 21, 2000

SUBJECT: Consolidated Inmate Grievance
Review System

TO:

Moser, BE-4713
CB Unit

FROM:


Kenneth R. Hollibaugh
Assistant Grievance Coordinator

I am returning your grievance because you have not complied with the following provision(s) of DC-ADM 804, dated October 20, 1994, Consolidated Inmate Grievance Review System:

- _____ All grievances shall be in writing and in the format provided by the forms supplied by the institution (DC-804, Part I). Forms are available in the block. (Section VI., A, 1)
- _____ All grievances shall be presented individually. Group grievances are prohibited. (Section VI., A, 2)
- _____ Only an inmate who has been personally affected by a Department or institution action or policy shall be permitted to seek review of a grievance. (Section VI., A, 3)
- _____ All grievances must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner. (Section VI., A, 4)
- _____ Grievances based upon different events should be presented separately, unless it is necessary to combine the issues to support the claim. (Section VI, A, 5)
- _____ Grievances must be signed. (Section VI., A, 3)
- _____ Any inmate grievance may be addressed to the Inmate Grievance Coordinator except issues related to the following: (Section VI., E)
 1. DC-ADM 805 - Policy & Procedures for Obtaining Pre-F Transfer.
 2. DC-ADM 801 - Inmate Disciplinary and Restricted
DC-ADM 801 VI., G & I.
 3. DC-ADM 802 - Administrative Custody Procedure
Appeal from Initial Review, see DC-ADM 802, V

4. Other Kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.

Grievances related to the above issues shall be according to procedures specified in the directives listed and shall not be reviewed by the Inmate Grievance Coordinator.

Initial reviews must be submitted within 15 calendar days after the events upon which claims are based. (Section VI., B, 2)

- ☒ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form (DC-ADM 804, Part I).

Comments:

Mr. Moser:

Be advised that DC-ADM 804 requires a genuine effort be made to resolve problems before the grievance system is utilized. If you are experiencing difficulties with the diagnosis of the Medical Department you should contact Mrs. P. Yarger, Corrections Health Care Administrator, via written correspondence. If this fails to resolve your issue you may resubmit your grievance for further consideration.

KRH:tl

cc: Mrs. P. Yarger
DC-15
File


| | | | |
|---|--|--|--|
| DC-135A C.C. (5) Per Counsel P/A Doc. INMATE'S REQUEST TO STAFF MEMBER | | COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS INSTRUCTIONS Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. | |
| 1. TO: (NAME AND TITLE OF OFFICER) MS. YABER (MEDICAL ADMINISTRATOR) | | 2. DATE 25 AUG. 00 | |
| 3. BY: (INSTITUTIONAL NAME AND NUMBER) MOSEY BE4713 | | 4. COUNSELOR'S NAME Cummins | |
| 5. WORK ASSIGNMENT | | 6. QUARTERS ASSIGNMENT CB-130 | |
| 7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. | | | |
| <p>GREETINGS, I JUST RECEIVED YOUR RESPONSE TO MY REQUEST TO MR. KYLER (SUPER). FIRST LET ME START BY SAYING I DID NOT THREATEN YOU IN ANY MANNER WITH LITIGATION, A STATE FACT, WHICH IF YOU CONTACT MR. EDWARD GILL, YOU'LL SEE I'VE ALREADY SERVED HIM. I FIND THE ONLY EFFECTIVE WAY TO RECEIVE TREATMENT IN THE D.O.C. IS THROUGH COURT ACTIONS AND GETTING THE PRESS INVOLVED TO EXPOSES WRONGFUL & UNLAWFUL ACTIONS GOING WITHIN. I HOPE YOU PROVE ME WRONG HERE MS. YABER AND YOU HAVE A WILLINGNESS TO DO THE RIGHT THING AND HELP ME MEDICALLY, ETC IN A TIMELY MANNER. IN MARCH 2000 THE U.S. CT. APP. (3RD CIR.) GRANTED THE PA. D.O.C. TIME ON EXHAUSTION TO CORRECT THERE ACTIONS OF MEDICAL NEGLIGENCE FOR MY CASE. THE D.O.C. HASN'T COMPLIED TO DATE, SO I SHALL PRESENT THIS. BUT I WOULD LIKE TO TALK TO YOU PERSONAL MS. YABER, BECAUSE ALL I WANT IS TREATMENT FOR BACK (SPINAL FUSION & PAIN MANAGEMENT) * THAT IS LESS STRESSFUL TO MY LIVER AS I HAVE "HEP. C." AND LIVER DISEASE*, A PILLAR FOR IN BETWEEN MY LEGS WHEN SLEEPING. (CONTINUED → BACKSIDE →)</p> | | | |
| 8. DISPOSITION: (DO NOT WRITE IN THIS SPACE) | | | |
| <p>Mr Moser,</p> <p>It is well documented that you indeed refused surgery. You were seen on sick call recently and referred to your Unit Manager to discuss the extra blanket. There is no medical need determined to order one @ this time. Past or present Court actions do not determine medical treatment. Qualified medical personnel will amend your treatment plan as it is determined medically necessary to do so. Unless your medical condition changes demands or repeat requests of this same nature will not continue to be addressed. There is no need for a personal interview @ this time.</p> | | | |
| <input type="checkbox"/> TO DC-14 CAR ONLY STAFF MEMBER P. Everhart RNS | | <input type="checkbox"/> TO DC-14 CAR AND DC-15 IRS DATE 8-29-00 | |

DC-804
PART 1C.C.
SEE ATTACH.COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

Docket No # PLEASE

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

| | | |
|---|--|-----------------------------|
| TO: GRIEVANCE COORDINATOR MEDICAL GRIEVANCE | INSTITUTION S. C. E. H. | DATE 17th Aug. 00 |
| FROM: (Commitment Name & Number) MOSEK BE4713 | INMATE'S SIGNATURE  | |
| WORK ASSIGNMENT | QUARTERS ASSIGNMENT CB-130 | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I AM ONCE AGAIN SUFFERING FROM MEDICAL NEGLECT AND THIS CAUSES ME GREAT PAIN AND SUFFERING. I CAME HERE IN NEED OF A SPINAL FUSSION, AND ORDER FROM THE SURGEON TO PUT ME ON ONLY CONTINUE FOR SEVER PAIN BECAUSE THE PRESENT PAIN MEDICATION DO NOT WORK (DARVOCE) AND I HAVE HEP. C. AND THAT MUCH TYLENOL PER. DAY. IS KILLING MY LIVER. (SEE ATTACHED) NOW I WENT THRU ALL THIS WITH MR. ERHART AT CAMP HILL AND MR. FORR AND WAS ASSURED I WOULD GET MY MEDICATION AND OPERATION AT HUNNINGTON, WELL I TOOK PEROCET TODAY AND IT HELPED A LITTLE AND HAD LESS TYLENOL. BUT TONIGHT I AM TOLD I'M BACK TO SAME OLD TILING, DARVOCE, AND 5000 MG. PER. THIS IS MORE OF SAME, I WANT TO EXHAUST DC-804, AND GO BACK TO THE FEDERAL

B. Actions taken and staff you have contacted before submitting this grievance: COURTS A.S.A.P. IF ALL I'M GOING TO GET IS FURTHER, MEDICATION DISCRIMINATION, & LIFE THREATEN MEDICAL NEGLECT. (1) SPOKE TO NURSE, SPOKE TO DOCTOR, SPOKE TO SGT. ECT. NO RESULTS, URGENT MATTER, PLEASE RESOLVE & ASSIST.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

1 : CV00-1846

Not - Part - of - Complaint - To - BE
SERVED. (For Court Record only)

— Exhaustion —

— Documents —

ONLY ENCLOSED TO PROVE TO THE
HONORABLE COURT ALL REMEDIES
HAVE IN FACT BEEN .

EXHAUSTED .

A.D.A. Discriminate Claim
DC-804 NEW MATTER,
PART 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

PLEASE ASSIGN No#
Immediately PLEASE,

Copy/Dated/wit: Submission.

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

| | | |
|---|--|----------------------------|
| TO: GRIEVANCE COORDINATOR | INSTITUTION <u>SCI - HUNNINGTON</u> | DATE <u>13 Sept. 00</u> |
| FROM: (Commitment Name & Number) <u>MOSEY BE4713</u> | INMATE'S SIGNATURE <u>[Signature]</u> | |
| WORK ASSIGNMENT <u>- NONE -</u> | QUARTERS ASSIGNMENT <u>CA-028</u> | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I am LEGAL DETERMINED DISABLED, By (U.S. GOV. (S.S.I.) (BUREAU OF DISABILITY COMM. OF PENNA) (DISABILITY COMMISSION OF TEXAS) ON 7/12/00 I FILED AN A.D.A. CLAIM WITH THE PA. D.O.C. (WHICH IS WHY I WAS TRANSFERRED TO SCI-HUNNINGTON, BUT THE CONDITION OF THE A.D.A. CLAIM WERE NOT MET, (PLEASE REVIEW) (FILE). SCI-HUN. DOES NOT COMPLY WITH THE A.D.A. ACT, RATHER IT "DISCRIMINATES GROSSLY AGAINST THE DISABLED IN VIOLATION OF D.O.C. DIRECTIVE (AND) (PENNSYLVANIA V. YESKEY, 118 U.S. SUPREME CT 1952 (1998)) MAIN TEXT OF TITLE II OF THE AMERICAN WITH DISABILITIES ACT, UNAMBIVOUSLY EXTENDS STATE PRISON INMATE. SO WHEN DR. MAHADEWANI TOLD ME, "I DON'T CARE ABOUT YOUR A.D.A. AND DISABILITIES" AND STOPPED ALL MEDICATION & TREATMENT, (IN MALICE RETALIATION) AND THE DOCTORS AFTER HIM FOLLOW SUIT; TO DATE: I SUFFER GREAT PAIN, NO SLEEP, ENCONTINANCE NO A.D.A. HOUSING ETC... YOU ARE GUILTY OF INTENTIONAL DISCRIMINATION AGAINST A DISABLED PERSON IN VIOLATION OF THE U.S. SUPREME CT. & CONSTITUTION. PLEASE CORRECT YOUR

B. Actions taken and staff you have contacted before submitting this grievance: ACTION IMMEDIATELY. THANK YOU.

THE COURT SAY, BECAUSE OF THE IMPORTANCE OF THE A.D.A. AND THE NEEDS OF EMERGENCY ATTENTION (MEDICAL & HOUSING) I MAY FILE A.D.A. DISCRIMINATION AND CONSIDER CLAIMS DIRECT TO THE COURTS. BUT I WILL WORK WITH YOU FIRST BY FILLING THIS. I ASK YOU AS YOUR MEDICAL STAFF & PRISON A.D.A. COMPLAINT. (GOOSE TO DR. MAHADEWANI, RAJESH SHUMAKER, DIENER (M/D) YOUR GRIEVANCE HAS BEEN RECEIVED AND WILL BE PROCESSED IN ACCORDANCE WITH DC-ADM 804. WROTE YABER, KYLE, ABOUT A.D.A. MEDICAL ISSUES (NEED FOR TREATMENT)

Signature of Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA
 Department of Corrections
 State Correctional Institution at Huntingdon
 (814)643-2400

DATE: 9-1-00

SUBJECT: Inmate Request Slip

TO:

Moser

Inmate Name

BE-4713

D.C. #

C

Unit

FROM:

Kenneth D. Kyler
 Kenneth D. Kyler
 Superintendent

I have received your inmate request slip and have the following response.

☒ Referred to appropriate staff member Mrs. P. Yarger

Additionally, I have the following comments: _____

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
 Superintendent's Office to be provided a copy of staff's response.

cc:

Counselor W. Cummins

File

Capt Leary

GET EVEN WITH ME, WITH RETALIATION AND INSTRUCT OTHER
 STAFF MEMBERS TO TREAT ME WITH DELIBERATE INDIFFERENCE. I WILL
 CONTINUE TO EXERCISE MY RIGHTS, TO STOP HIS UNLAWFUL ACTIONS AND PUBLICLY
 EXPOSE THEM. I PRAY YOU WILL STOP ANY FURTHER ACT'S OF INDIFFERENCE
 8. DISPOSITION: (DO NOT WRITE IN THIS SPACE) TOWARDS ME. PLEASE ENTER THIS DOCUMENT INTO
LEGAL RECORD. THANK YOU. I AWAIT YOUR ASSISTANCE.

Mrs Moser.Your concerns are noted☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

Det. [Signature]

DATE

9/1/00

1028

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400
September 18, 2000

SUBJECT: Consolidated Inmate Grievance
Review System

TO: Jeff Moser, BE-4713
CB Unit

FROM: 
Diana G. Baney
Grievance Coordinator

I am returning your grievance because you have not complied with the following provision(s) of DC-ADM 804, dated October 20, 1994, Consolidated Inmate Grievance Review System:

- _____ All grievances shall be in writing and in the format provided by the forms supplied by the institution (DC-804, Part I). Forms are available in the block. (Section VI., A, 1)
- _____ All grievances shall be presented individually. Group grievances are prohibited. (Section VI., A, 2)
- _____ Only an inmate who has been personally affected by a Department or institution action or policy shall be permitted to seek review of a grievance. (Section VI., A, 3)
- _____ All grievances must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner. (Section VI., A, 4)
- _____ Grievances based upon different events should be presented separately, unless it is necessary to combine the issues to support the claim. (Section VI, A, 5)
- _____ Grievances must be signed. (Section VI., A, 3)
- _____ Any inmate grievance may be addressed to the Inmate Grievance Coordinator except issues related to the following: (Section VI., E)
 1. DC-ADM 805 - Policy & Procedures for Obtaining Pre-Release Transfer.
 2. DC-ADM 801 - Inmate Disciplinary and Restricted Housing Unit Procedures. See DC-ADM 801 VI., G & I.
 3. DC-ADM 802 - Administrative Custody Procedures. See DC-ADM 802, VI., B, 1,2. Appeal from Initial Review, see DC-ADM 802, VI., B, 4, a.

4. Other Kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.

Grievances related to the above issues shall be according to procedures specified in the directives listed and shall not be reviewed by the Inmate Grievance Coordinator.

Initial reviews must be submitted within 15 calendar days after the events upon which claims are based. (Section VI., B, 2)

☒ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form (DC-ADM 804, Part I).

Comments:

Mr. Moser:

You are well aware that DC-ADM 804 requires that you make an effort to resolve matters such as this through appropriate staff prior to filing a grievance. Although you indicate that you requested emergency medical treatment, you failed to indicate what the emergency was over the past weekend. Any complaints or concerns you have regarding your medical treatment should be addressed through Mrs. P. Yarger, Health Care Administrator, via request slip. If this matter cannot be resolved at the recommended level, you may resubmit your grievance for further consideration. Based on the information you provide, this appears to be an ongoing medical complaint and I find nothing in this particular grievance to indicate a medical emergency. Furthermore, the directive clearly establishes that the grievance system is not intended for emergency situations. Because you fail to comply with the guidelines established by DC-ADM 804, your grievance is being returned unprocessed.

DGB:tll

cc: Deputy Williamson
Mrs. P. Yarger
DC-15
File

DC-804

PART 1

NEW INCIDENT
Fled on Advice of CounselCOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598PLEASE DON'T HINDER MY
ACCESS TO A GRIEVANCE
NOTE THANK YOU!

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

| | | |
|--|---|---------------------------|
| TO: GRIEVANCE COORDINATOR | INSTITUTION <u>S.C.I. - HUNNINGTON</u> | DATE <u>12 Sept 00</u> |
| FROM: (Commitment Name & Number) <u>MOSEER BE4713</u> | INMATE'S SIGNATURE <u>Jeff Moser</u> | |
| WORK ASSIGNMENT <u>(1:30 PM) (SGT HIKLE ON)</u> | QUARTERS ASSIGNMENT <u>CB-130</u> | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

OVER THE WEEKEND I SPOKE TO DR. SHUMAKER AND HE SAID HE WAS GOING TO DECREASE MY NARCOTIC PAIN MEDS (8) PILLS A DAY TO (6) A DAY GOOD TILL 10-2-00 AFTER I ASK WHEN I WOULD GET MY BACK OPERATION, HE SAID "I THOUGHT YOU DID NOT WANT US TO GIVE IT TO YOU" (I SAID YOUR MISSTAKEN) HE SAID FOR THAT CASE YOU'LL SEE THE DOCTOR MONDAY. (VERY HURRY LIKE), SO MONDAY I SAW THE DOCTOR AND HE SAID ^(WITHOUT) ~~WITHOUT~~ FURTHER REVIEW OF SHUMAKER NOTES. I'M CUTTING YOU OFF ALL MEDICATION AND TREATMENT, I FEEL DOCTOR MAHADEKIN'S NOTES ARE CORRECT. WHICH ARE? ALL MY M.R.I. ARE WRONGS AND ALL MY NURO-SURGEON ARE WRONG ALSO! (YOU NEED NO TREATMENT) NOT WITHSTANDING AFTER MAHADEKIN WAS FIRED, DR. SHUMAKER CALL ME DOWN, PUT ME BACK ON MEDS AND SAID M.R.I. ARE PROOF OF YOUR CONDITION. NOW I SIT, WITH NO MEDS, IN EXTREME PAIN, WITHDRAWING FROM MEDS, WITH NO ASSISTANCE, I JUST ASK TO GO TO MEDICAL AND WAS REFUSED

B. Actions taken and staff you have contacted before submitting this grievance: SERVICES (EMERGENCY). SO NOT ONLY DO I SUFFER MEDICAL NEGLECT AND RETALIATION, BUT I'M REFUSED ANY EMERGENCY SERVICE'S, I'VE MADE THE NEWSPAPERS, ATTORNEY AND FAMILY AWARE OF YOUR ACTS AND ANY FURTHER HARM THAT COMES TO ME, I WILL ASK YOU BE HELD ACCOUNTABLE IN THE COURT OF LAW AND PAY 10 TIMES THE COST OF MY BACK SURGERY AND MEDICATION. I'VE RELEASED A PUBLIC PRESS RELEASE ALSO. PLEASE STOP THE RETALIATION AND ASST.

(WROTE: MR. WILLIAMSON, KYLER, SPOKE TO DOCTOR SHUMAKER & BRIDELL, NO HELP.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PENNSYLVANIA 17001-0598

OFFICE OF THE
SECRETARY OF CORRECTIONS

August 30, 2000

Jeffery Paul Moser, BE4713
SCI Huntingdon

Mr. Moser:

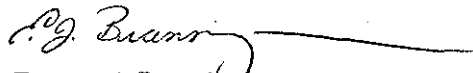
Your letter to Deputy Secretary Erhard has been received and referred to my desk for response. I have contacted the institution to inquire about your medical care. I find and documentation verifies that your case has been and continues to be meticulously reviewed. Qualified medical personnel will amend your treatment plan if or when necessary.

Once again, it is well documented that you were seen by a neurosurgeon regarding your back pain. The outcome of this consultation was a recommendation for surgery, which you have refused. Your "pain management" plan has been and continues to be monitored by appropriate health care professional within the facility.

Mr. Moser, appropriate care is the norm and I would suggest you work with the Health Care Staff at SCI Huntingdon.

A copy of your letter and subsequent documentation will be forwarded to Superintendent Kyler and the Bureau of Health Care Services for review.

Sincerely,


Eugene J. Brannigan
Assistant to the Deputy Secretary
Eastern Region

Ejb

cc: Deputy Secretary Erhard
Superintendent Kyler w/attachments
Director Catherine McVey (Health Care Services) w/attachments
File

DC-135A

C.C.(4) YAGER
HORN
ATTORNEY
FILE

C-B

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

Sworn Complaint -

1. TO: (NAME AND TITLE OF OFFICER)

MS. YAGER

(Medical Administrator)

2. DATE

7 Sept. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEN BE4713

J. M.

4. COUNSELOR'S NAME

Commings

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Today I went to see a mental Health Doctor, on the advise of Doctor Shumaker... I WAS REFUSED ANY KIND OF MENTAL HEALTH TREATMENT, AS I UNDERSTOOD HIM TO CONWAY TO ME, "THE KIND OF TREATMENT YOU WERE ON WE DON'T GIVE HERE, THE MEDICATION YOU NEED IS STRONG, SO WE CAN OFFER YOU NO ALTERNATIVE. THEN I ASK CAN YOU REFUSE ME MENTAL HEALTH SERVICES? I UNDERSTOOD HIM TO SAY "YES, I CAN LEGALLY REFUSE YOU SERVICES & MEDICATION". NOW THIS IS NOT WORD FOR WORD THE WHOLE, BUT IT IS WHAT I UNDERSTOOD HIM TO BE TELLING ME. SO WE GOT YET ANOTHER INCIDENT WHERE I AM REFUSED ANY KIND OF MEDICAL TREATMENT, YOUR DOING THE SAME THINGS WHEN YOU REFUSE ME, MY NEEDED SPINE FUSION OPERATION, TO "SAVE COMPANY MONEY" THIS IS MEDICAL NEGLECT AND UNLAWFUL, I HOLD THE MEDICAL DEPT. & WEXFORD LEGALLY

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

LIABLE, FOR ANY HARM THAT COMES TO ME, DUE TO THIS MEDICAL NEGLECT. PLEASE GET BACK TO ME TIMELY AS DIRECTIVE STATES. I'VE SERVE COUNSEL WITH A COPY OF THIS, THANK YOU FOR YOUR TIME, I AWAIT.

Mr Maser

You are being seen & treated by professional medical staff. Your treatment plan will continue as directed by the professionals - psychiatrists, doctors, physician - assistants, etc. - You need to work with these individuals.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

Pat. Yager

DATE

DC-135A

C.C. (17)

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

| | | |
|---|---------------------------------|-------------------------------|
| 1. TO: (NAME AND TITLE OF OFFICER) Det. Williams (Det. Williams) | | 2. DATE 11 Sept. 00 |
| 3. BY: (INSTITUTIONAL NAME AND NUMBER) MOSEY BE4713 | | 4. COUNSELOR'S NAME Comm'n |
| 5. WORK ASSIGNMENT | 6. QUARTER ASSIGNMENT CB-130 | |
| 7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. | | |
| <p>SIR, I HAVE AN URGENT SITUATION, THAT NEEDS TO BE ADDRESSED IMMEDIATELY PLEASE RESPECTFULLY, TOMORROW I AM BEING CUT OFF MY PAIN MEDS (COLD TURKEY) I'VE BEEN ON THEM FOR (4) YEARS BECAUSE I NEED THEM, THIS IS DOCUMENT IN MY FILE BY SEVERAL M.R.I.(S) AND NURO-SURGEON REPORTS, WHICH THE DOCTOR CLAIMS ARE WRONG, (YOUR DOCTOR) (9) NURO-SURGEON (PAST 3 PRESENT ARE NOT WRONG, AND M.R.I.'S DON'T LIE) I NEED A SPINE FUSION AND TO BE MEDICATED TILL THAT TIME. (LOOK AT THE REPORTS) NOW, THIS IS THE SECOND TIME I'VE BEEN CUT OFF MEDICATION, AFTER I ASK FOR MY SPINE OPERATION, SO INTENTIONAL RETALIATION SHOULDN'T BE HARD TO PROVE AS WELL AS MALPRACTICE, SINCE WE HAVE ALL THE SPECIALIST DOCTORS REPORTS & M.R.I. TO PROVE THE NEED FOR PAIN MANAGEMENT AND A SPINE FUSION OPERATION. NOW I WAS SENT HERE → OVER</p> | | |
| 8. DISPOSITION: (DO NOT WRITE IN THIS SPACE) | | |

(CONTINUED ON BACKSIDE)

Mr. Moser -
I will send these request slips to Mrs. Gayer,
Health Care Admin. In her review and response

cc: Mrs. Gayer

☒ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

M. Williams

DATE

0.12.00

DC-135A

C & C. (5) Williamson
Yaberi
Dancy
AIT) FILE

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

| | | |
|---|-----------------------------------|---------------------------------|
| 1. TO: (NAME AND TITLE OF OFFICER) Dep. Superintendent Williamson | | 2. DATE 14 Sept 00 |
| 3. BY: (INSTITUTIONAL NAME AND NUMBER) MOSSER BE4713 | | 4. COUNSELOR'S NAME (CUMMIN) |
| 5. WORK ASSIGNMENT | 6. QUARTERS ASSIGNMENT C/A-130 | |
| 7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. Today (Thursday 14th Sept. 2000) I WAS TAKEN OUT FOR A E.M.G. WHICH SHOWS THE LEVELS OF PAIN I AM IN AND EXTENT OF THE NERVE DAMAGE IN MY BACK AND LEFT LEG & FOOT. AFTERWARDS THE DOCTOR CONCLUDED THAT I HAVE EXTREME NERVE DAMAGE SO MUCH HE TOLD ME HIS BACK IS "SHOT" AND HIS LOWER LEG AND FOOT IS "DYING" THAT WHY THE HAIR IS FALLING OUT AND LEFT FOOT IS SMALLER. THUS HE MUST BE HAVING EXTREME (A LOT) OF PAIN. SO C/O WARMER WALKED ME DOWN TO MEDICAL WHEN WE GOT BACK AND TOLD THE MEDICAL STAFF WHAT HE SAID AND THAT THE DOCTOR SUGGESTED I BE MEDICATED FOR PAIN (EXTREME PAIN IS WHAT I'M HAVING AND MY BACK IS "SHOT" MY FOOT IS DYING FROM LACK OF TREATMENT, I HAVE BEEN WAITING (14 MONTHS) FOR THE D.O.C. TO TREAT ME, NOW IT MAY BE IRREVERSABLE HARM. BUT I'M NOT WRITING YOU TO ARGUE OR BLAME | | |
| 8. DISPOSITION: (DO NOT WRITE IN THIS SPACE) | | |

BUT TO SAY I NEED HELP IMMEDIATELY, EFFECTIVE PAIN MANAGEMENT FIRST. PLEASE ORDER THIS NOW AS MY NURSE-SURGEON RECOMMENDED, I WANT TO WORK WITH YOU IN GETTING WELL AS I CAN. IF YOU HELP I WOULD APPRECIATE IT, PLEASE DON'T PROLONG THE DAMAGE TO ME AND PROLONG MY PAIN. ALSO I HAD (8) EPIDURALS IN THE PAST NONE WORKED. IF YOUR GONE THAT ROUTE, IT MAYBE A WASTE OF MONEY. PLEASE CALL ME DOWN TO TALK (OR) DO SOMETHING FOR MY PAIN A.S. A.P.O. - THANK YOU KINDLY -

(HE ALSO AFFIRMED ON INCARCERATION DUE TO NERVE DAMAGE)

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598RESPONSE RECEIVED
9-21-00 MS. YAGER

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

0136-00

| | | |
|--|--|------------------------|
| TO: GRIEVANCE COORDINATOR - APPEAL TO SUPERINTENDENT - | INSTITUTION SCE - HUNNINGTON | DATE 9-21-00 |
| FROM: (Commitment Name & Number) MOSEER BE4713 | INMATE'S SIGNATURE [Signature] | |
| WORK ASSIGNMENT | QUARTERS ASSIGNMENT CA - 1028 | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

PLEASE REVIEW ALL THE "TESTING" AND "MEDICAL FACTS" PROVEN MEDICAL FACTS ARE I HAVE (4) M.R.E. SCAN REPORTS (1) NURD-SURGEON REPORT (WITH SPECIALIST ORDERS FOR FUSION OPERATION AND PAIN MANAGEMENT "OXYCODIN" UNTILL SAID FUSION IS DONE) (WHICH BY U.S. SUP. CT. STANDARD IS MANDATORY TREATMENT NEEDED WHEN ORDERED BY A SPECIALIST) AND AN E.M.G. REPORT. NOW I SAY, I'VE BEEN TO (7 OR 8) OTHER REINOWNED LIVERS-SURGEON WHOM ALL SAID THE SAME THING AS ALL THE SCIENTIFIC PROOF IN TESTING SAID, AND SUCH IS ALREADY IN RECORD IN FEDERAL COURT CV-99-0326 THESE TEST DON'T LIE, NOR ARE ALL MY DOCTOR BEFORE I GOT TO HUNNINGTON, DRUG PUSHERS. I WAS MEDICATED AND ENSTRUCTED FOR SURGERY BECAUSE IT WAS A PROVEN NEED. AS THIS PROCEEDS TO COURT ACTION, I ONLY HOPE TO SEE THE MEDICAL DEPT. STAFF AT HUNN. ATTEMPT TO PROVE THAT

B. Actions taken and staff you have contacted before submitting this grievance: ALL MY DOCTOR FIRST AND MEDICAL TESTING WITNESSES ARE LIARS & DRUG PUSHERS AND EXPLAIN HOW YOU ROLLY A M.R.E. SCAN MACHINE. MS. YAGER WHOLE RESPONSE IS WITHOUT MERIT, SHE DOESN'T ADDRESS THE SCIENTIFIC PROOF, I DON'T LIVE IN ARIZONA, AND I GOT BOTTOM BUNK AND TEIR BECAUSE OF SUTURES. THE ONLY PERSON(S) LIVING ARE HUNNINGTON MEDICAL STAFF

Your grievance has been received and will be processed in accordance with DC-ADM 804 TO SAVE MONEY AND INTENTIONAL HARMING ME. READ THE PROOF PLEASE ASST. . . .

Signature of Grievance Coordinator

Date

DC-804
PART IICOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001

1028

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO.

0136-00

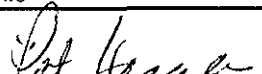
| To: (Name & DC NO.) | INSTITUTION | QUARTERS | GRIEVANCE DATE |
|------------------------|----------------|----------|----------------|
| Jeffery Moser, BE-4713 | SCI-Huntingdon | CB | 8/29/00 |

The following is a summary of my findings regarding your grievance:

In your grievance dated 8/29/00 you complain that you have been refused a spinal fusion, neurosurgeon consult, and effective pain medication. You also note that you are not refusing surgery and have no drug abuse history. It has been investigated based on your medical record and it is found that you have on multiple occasions, since 8/18/00, threatened legal action if narcotic medications are not ordered for you. You have requested HS Snack but have repeatedly refused diets as they have been prescribed for you. On 8/30/00 you were granted an extensive examination by Dr. Mohadjerin in which he found that you had been on chronic narcotic pain medication post to laminectomies. Your weight at that visit was 335 lbs. and you were considered obese. Dr. Mohadjerin assessed your back, your gate stance, and he also assessed two pair of shoes for heel wear to determine if there was a pattern consistent with your complaints. No pattern consistent with a limp that was noted when you were in Medical was found on either pair of shoes. It is noted that you told him at that time those shoes were new. Confirmation through SCI-Frackville and the Shoe Shop at SCI-Huntingdon determined that those shoes were issued to you in March 2000. Your complaints of pain and Dr. Mohadjerin's physical findings during that examination are inconsistent. There was no indication for management of pain on a chronic basis with a narcotic. Dr. Mohadjerin did feel that you could be managed pain wise on an as needed basis with a non-narcotic medication. You refused the diet ordered for weight loss and it was discussed with you how weight loss and exercise may help with pain control. An EMG and nerve connection study was ordered at that visit and has been done since. Dr. Shumaker saw you also on 9/1/00. During that visit you told him you were not interested in surgery while you were in prison and you would wait until you got out in approximately 9 months to have your surgery done in Arizona. On 9/9/00 you saw Dr. Shumaker. You asked for narcotics, stated you wanted your back surgery done, and stated, "If you aren't going to give me pain pills I might as well have my surgery here." On 9/11/00 Dr. Bardell saw you and during that visit he documents you were belligerent, accusatory, aggressive, and demanding. As a new physician Dr. Bardell was not familiar with your case and when he attempted to question you regarding your case you became demanding, threw papers on the desk, and left the department before he could finish his examination. RN Williams saw you 9/12/00 and during that visit you made the comment that if you can't get your pain medication then you are going to fall out. You threatened to manipulate your blood sugar in order to get what you wanted as far as pain medication was concerned. PAC Cain saw you 9/15/00. An examination again was inconsistent with the complaints that you offered during that visit. It is also noted that since you have been here at SCIH you have requested to work in the Building Trades program and to also use the Library. The Building Trades program is an education program for construction. It is also noted that you requested bottom bunk/bottom tier status when Dr. Shumaker saw you on 9/1/00. Based on your problems with your back. Please be advised that the practitioners here at SCIH will manage your care appropriately based on their objective findings to your subjective complaints. Your care is not driven by your demands, wants, or threats. It is also noted that surgery was offered to you while you were at a previous SCI and you refused to have the surgery done. It is also noted that previous attempts to assist you with providing a diet for weight loss, exercises, etc. have been rejected by you. I am encouraging you to work with the healthcare team in order to manage your healthcare problems. In doing so, you are encouraged to actively participate by listening as apposed to attempting to bully healthcare staff into providing care that you want. Be advised, if medication, surgery, or any further tests are determined to be medically necessary for you under this contract or any other they will be provided to you. The determination for medically necessary is made by the healthcare providers responsible for developing your treatment program. Again, I am encouraging you to work with healthcare staff in order to facilitate you gaining gainful employment within the institution and working through your programming to make the best use of your time here at SCIH. Your grievance is found to be without merit due to the fact that you have not been refused medication and you have not been refused a back operation under false pretenses.

:mw

cc: D. Baney
Deputy Williamson
Deputy Patrick
Nurse Supervisor
Carol Pollock
DC-15
File

| | | |
|---|------------------------------------|-----------------|
|  | SIGNATURE OF GRIEVANCE COORDINATOR | DATE 9/15/00 |
|---|------------------------------------|-----------------|

DC-804
PART IICOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001

1028

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO.

0136-00

| To: (Name & DC NO.) | INSTITUTION | QUARTERS | GRIEVANCE DATE |
|------------------------|----------------|----------|----------------|
| Jeffery Moser, BE-4713 | SCI-Huntingdon | CB | 8/29/00 |

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:mw

cc: D. Baney
Deputy Williamson
Deputy Patrick
Nurse Supervisor
Carol Pollock
DC-15
File

SIGNATURE OF GRIEVANCE COORDINATOR

DATE

9/15/00

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598RESPONSE RECEIVED
9-21-00 MS. YAGER

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

0136-00

| | | |
|---|---|-----------------|
| TO: GRIEVANCE COORDINATOR - APPEAL TO SUPERINTENDENT - | INSTITUTION SCE - HUNNINGTON | DATE 9-21-00 |
| FROM: (Commitment Name & Number) MOSEER BE4713 | INMATE'S SIGNATURE J. M. [Signature] | |
| WORK ASSIGNMENT | QUARTERS ASSIGNMENT CA - 1028 | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

PLEASE REVIEW ALL THE "TESTING" AND "MEDICAL FACTS" PROVEN MEDICAL FACTS ARE I HAVE (4) M.R.I. SCAN REPORTS (1) NURD-SURGEON REPORT (WITH SPECIALIST ORDERS FOR FUSION OPERATION AND PAIN MANAGEMENT "OXYCODONE" UNTILL SAID FUSION IS DONE) (WHICH BY U.S. SUP. CT. STANDARD IS MANDATORY TREATMENT NEEDED WHEN ORDERED BY A SPECIALIST) AND AN E.M.G. REPORT. NOW I SAY, I'VE BEEN TO (7 OR 8) OTHER REPUTABLE LIVEIN-SURGEON WHOM ALL SAID THE SAME THING AS ALL THE SCIENTIFIC PROOF IN TESTING SAID, AND SUCH IS ALREADY IN RECORD IN FEDERAL COURT CV-99-0306 THESE TEST DON'T LIE, NOR ARE ALL MY DOCTOR BEFORE I GOT TO HUNNINGTON, DRUG PUSHERS. I WAS MEDICATED AND INSTRUCTED FOR SURGERY BECAUSE IT WAS A PROVEN NEED. AS THIS PROCEEDS TO COURT ACTION, I ONLY HOPE TO SEE THE MEDICAL DEPT. STAFF AT HUNN. ATTEMPT TO PROVE THAT

B. Actions taken and staff you have contacted before submitting this grievance: ALL MY DOCTOR FIRST AND MEDICAL TESTING WITNESSES ARE LIARS, DRUG PUSHERS AND EXPLAIN HOW YOU BULLY A M.R.I. SCAN MACHINE. MS. YAGER WHOLE RESPONSE IS WITHOUT MERIT, SHE DOESN'T ADDRESS THE SCIENTIFIC PROOF, I DON'T LIVE IN ARIZONA, AND I GOT BOTTOM BUNK AND TEIR BECAUSE OF SUICURES. THE ONLY PERSON(S) LYING ARE HUNNINGTON MEDICAL STAFF

Your grievance has been received and will be processed in accordance with DC-ADM 804. TO SAVE MONEY AND INTENTIONAL HARMING ME. READ THE PROOF PLEASE ASSIT...

Signature of Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon.
(814)643-2400

DATE: 9-15-88

SUBJECT: Inmate Request Slip

TO:

Moser
Inmate Name

BE-4713
D.C. #

C
Unit

FROM:

Kenneth D. Kyler
Superintendent

I have received your inmate request slip and have the following response.

☒ Referred to appropriate staff member Mr. B. P. Yarger

Additionally, I have the following comments: _____

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response:

cc:

Counselor

File

W. Cummins

DC-135A

Date/Copied/ A.O.A. REQUESTS

LEGAL SUPPORT CORRESPONDENCE J. AL-
INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

2. DATE

14 SEPT 00

SUPERINTENDENT KYLER

3. BY: (INSTITUTIONAL NAME AND NUMBER)

4. COUNSELOR'S NAME

MOSEK BE4713

COMM. 14

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CA-078

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

I AM DEEMED LEGALLY DISABLED BY (BUREAU OF DISABILITY COMM. OF PENNA) (DISABILITY COMMISSION OF TEXAS & NEVADA) (FEDERAL BUREAU OF DISABILITY S.S.I. & S.S.D. ADMINISTRATION). SO I "NOW" FORMALLY REQUEST THAT YOU COMPLY WITH THE AMERICAN WITH DISABILITIES ACT OF 1990, REHAB. ACT AND MY FILED DISABILITY CLAIM FOR SERVICE FILED WITH THE PA. D.O.C. CAMP HALL. I AM NOT ASKING YOU TO upgrade your whole prison, which is not compliant with the ADA and does grossly discriminate against the disabled. I AM FORMALLY REQUESTING TO BE HOUSED ON THE SPECIAL NEEDS UNIT OF SCI-HUNTINGTON, AS I LEGALLY QUALIFY MORE THAN MOST ALREADY HOUSED THERE, AND BE PERMITTED TO HAVE A SINGLE BOTTOM TWIN CELL, AS THE FEDERAL STANDARD IS 53TH OF SPACE (PER DISABLED PRISON) AND PERMITTING FOR INCARCERATED PRISONER TO CLIMB THEMSELVES WHEN THEY HAVE SUCH PROBLEM. PLEASE COMMAND MY HOUSING CHANGE TIMELY, YOUR ASSISTANCE IS DEEPLY

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

APPRECIATED GOD BLESS YOU AND YOURS.

(PENNA. D.O.C. vs. YESKEY), 718 U.S. SUPREME CT. 1952 (1998)
* PLAIN TEXT OF TITLE II OF THE AMERICANS WITH DISABILITIES ACT, UNAMBIGUOUSLY EXTENDS TO STATE PRISON INMATES. *

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

C.C. (Kylar)
ATTN:

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

WARDEN KYLER

2. DATE

14 Sept. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEY REC 713

4. COUNSELOR'S NAME

Cummings

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CA-028

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

SIR, Recently I wrote Counsel /ATTN: IN AN EFFORT TO GET ASSISTANCE, WITH THE MEDICAL NEGLECT, IN SO I WAS IN MY CONSTITUTIONAL RIGHTS TO DO SO, I'VE BROKEN NO RULES HERE NOR, TAKEN ACTION ON NOTHING, NOR SERVED THE INSTEAD. Personally, SO, THE REASON I AM WRITING YOU IS, I DON'T WANT TO BE A HASSLE (OR) THORN IN YOUR SIDE, IN FACT IF YOUR STAFF "MAKES AN HONEST EFFORT TO EFFECTIVELY TREAT MY PAIN IMMEDIATELY AND SCHEDULE TREATMENTS" I WOULD DEEPLY APPRECIATE IT, EVEN IN WRITING. MY E.M.G. SHOWED I WAS NOT FAKING, MY (4) M.R.I. WERE NOT WRONG AND NEITHER WAS THE NURO-SURGEON(S), NOW THAT YOU GOT YOUR PROOF, PLEASE STOP THE MEDICAL NEGLECT AND LETS MOVE ON FORWARD. SO, PLEASE DISREGARD ANY CORRESPONDANCES FROM COUNSEL (OR) PRESS IF

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

I'M GETTING THE ABOVE MENTIONED TREATMENT AND I WANT TO WORK WITH YOU: IF I'VE OFFEND YOU IN ANY MANNER, IN MY CORRESPONDANCE'S I APOLOGIZE.

Thank you kindly!

☐ TO DC-14 CAR ONLY

☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon

(814)643-2400

September 13, 2000

SUBJECT: Consolidated Inmate Grievance
Review System

TO: Moser, BE-4713
C Unit

FROM:

Diana G. Baney

Diana G. Baney
Grievance Coordinator

1028

I am returning your grievance because you have not complied with the following provision(s) of DC-ADM 804, dated October 20, 1994, Consolidated Inmate Grievance Review System:

- ☐ All grievances shall be in writing and in the format provided by the forms supplied by the institution (DC-804, Part I). Forms are available in the block. (Section VI., A, 1)
- ☐ All grievances shall be presented individually. Group grievances are prohibited. (Section VI., A, 2)
- ☐ Only an inmate who has been personally affected by a Department or institution action or policy shall be permitted to seek review of a grievance. (Section VI., A, 3)
- ☒ All grievances must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner. (Section VI., A, 4)
- ☐ Grievances based upon different events should be presented separately, unless it is necessary to combine the issues to support the claim. (Section VI., A, 5)
- ☐ Grievances must be signed. (Section VI., A, 3)
- ☐ Any inmate grievance may be addressed to the Inmate Grievance Coordinator except issues related to the following: (Section VI., E)
 1. DC-ADM 805 - Policy & Procedures for Obtaining Pre-Release Transfer.
 2. DC-ADM 801 - Inmate Disciplinary and Restricted Housing Unit Procedures. See DC-ADM 801 VI., G & I.
 3. DC-ADM 802 - Administrative Custody Procedures. See DC-ADM 802, VI., B, 1,2. Appeal from Initial Review, see DC-ADM 802, VI., B, 4, a.

4. Other Kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.

Grievances related to the above issues shall be according to procedures specified in the directives listed and shall not be reviewed by the Inmate Grievance Coordinator.

Initial reviews must be submitted within 15 calendar days after the events upon which claims are based. (Section VI., B, 2)

Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form (DC-ADM 804, Part I).

Comments:

Mr. Moser:

Be advised that my position regarding this matter remains unchanged. The issues regarding your medical complaints and complaints about Dr. Mohadjerin are being addressed in response to grievance # 0136-00. As I previously advised you, if you have any additional information you feel should be considered, you should submit this information to Mrs. P. Yarger, Health Care Administrator, via request slip.

Because this matter is already being addressed in response to the above noted grievance, be advised that your request to file an additional grievance is denied.

DGB:tl

cc: Deputy Williamson
Mrs. P. Yarger
DC-15
File

DC-135A

C.C. (5)

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

— Grievance Coordinator —

1. TO: (NAME AND TITLE OF OFFICER)

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER)

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

MS. BANEY, WITH ALL DUE RESPECTED PLEASE SEE ATTACHED - PLEASE ASSIGN
 IT A GRIEVANCE NO# AND PROCESS IT IN ACCORDANCE TO D.O.C. POLICY AND
 (PRISONER LITIGATION REFORM ACT OF 1996) YOU SAID THIS ISSUE WAS BEING
 ADDRESS ALREADY IN GRIEVANCE NO# 0136-00, THIS IS MORE THEN ENOUGH
 RESPECTFULLY, THIS IS A SEPARATE INCIDENT AND A DIRECT VIOLATION OF MY
 CONST. RIGHTS WHICH TOOK PLACE ON A DIFFERENT DAY. IF YOU CHECK MY
 FILE I LITIGATED THE PROBLEMS BEFORE, WITH REFERENCE TO GETTING GRIEVANCE
 NO# ASSIGNED TO MY GRIEVANCE. NOW, I FEEL I'M BEING DENIED MY DUE PROCESS
 RIGHTS BY YOUR OFFICE AGAIN. (THE P.L.R.A.) STATE'S I MUST EXHAUST REMEDIES
 ON EACH SEPERATE ISSUE, UNLESS PRISON OFFICAL MAKE SUCH EMPOSSIBLE.
 ALL I ASK IS THAT I BE ASSIGN NO# IN ACCORDANCE WITH THE LAW, THAT
 I NOT BE HARASSED UNLAWFULLY BY STAFF, IN RETALIATION FOR MY LITIGATION

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

AS IS BECOMING THE CASE TOWARDS ME, WITH GUARDS
 AND STAFF. PLEASE DOCUMENT SUCH. THANK YOU AND
 MAY GOD BLESS YOU & YOURS.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

4. Other Kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.

Grievances related to the above issues shall be according to procedures specified in the directives listed and shall not be reviewed by the Inmate Grievance Coordinator.

Initial reviews must be submitted within 15 calendar days after the events upon which claims are based. (Section VI., B, 2)

Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form (DC-ADM 804, Part I).

Comments:

Mr. Moser:

Be advised that my review of this grievance indicates that it is currently being addressed in response to grievance # 0136-00. Subsequently, a second grievance will not be processed regarding this matter. If you have additional information you feel should be considered by Mrs. P. Yarger, Health Care Administrator, I recommend that you submit it to her in the form of a request slip.

DGB:tl

cc: Deputy Williamson
Mrs. P. Yarger
DC-15
File

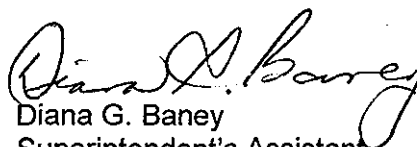
COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400
September 18, 2000

SUBJECT: Response to Inmate's Request to Staff Member

1028

TO: Moser, BE-4713
CA Unit

FROM:


Diana G. Baney
Superintendent's Assistant

In response to your request, be advised that I have no medical expertise and I am in no position to question the medical expertise of staff in the Medical Department. Therefore, I can only recommend that you continue to work through Mrs. Yarger regarding the issues you raise in this request. I am certain that medical staff will take into consideration the results of any medical test you have at this facility or outside the facility.

DGB:tll

cc: Deputies
Mrs. P. Yarger
Mr. W. Cummins
DC-15
File

DC-135A

C.E. (5) Williamson
Yager
Barnes
AT/FILE

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

| | | |
|--|----------------------------------|---------------------------------|
| 1. TO: (NAME AND TITLE OF OFFICER) MS. BARNES (ASSIST. TO SUPERINTENDENT) | | 2. DATE 14 SEPT 00 |
| 3. BY: (INSTITUTIONAL NAME AND NUMBER) MOSEK 004713 | | 4. COUNSELOR'S NAME CUMMINGS |
| 5. WORK ASSIGNMENT | 6. QUARTERS ASSIGNMENT CA-028 | |
| 7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. <p>Today (THURSDAY 14th SEPT. 2000) I WAS TAKEN OUT FOR A E.M.G. WHICH SHOWS THE LEVELS OF PAIN I AM IN AND EXTENT OF THE NERVE DAMAGE IN MY BACK AND LEFT LEG & FOOT. AFTERWARDS THE DOCTOR CONCLUDED THAT I HAVE EXTREME NERVE DAMAGE SO MUCH HE TOLD ME HIS BACK IS "SHOT" AND HIS LOWER LEG AND FOOT IS "DYING" THAT WHY THE HAIR IS FALLING OUT AND LEFT FOOT IS SMALLER. THUS HE MUST BE HAVING EXTREME (A LOT) OF PAIN. SO C/O HARMER WALKED ME DOWN TO MEDICAL WHEN WE GOT BACK AND TOLD THE MEDICAL STAFF WHAT HE SAID AND THAT THE DOCTOR SUGGESTED I BE MEDICATED FOR PAIN (EXTREME PAIN IS WHAT I'M HAVING AND MY BACK IS "SHOT" MY FOOT IS DYING FROM LACK OF TREATMENT, I HAVE BEEN WAITING (14 MONTHS) FOR THE D.O.C. TO TREAT ME. NOW IT MAY BE IRREVERSEABLE HARM. BUT I'M NOT WRITING YOU TO ARGUE OR BLAME BUT TO SAY I NEED HELP IMMEDIATELY, EFFECTIVE PAIN MANAGEMENT FIRST. PLEASE ORDER THIS NOW AS MY NURSE-SURGEON RECOMMENDED, I WANT TO WORK WITH YOU IN GETTING WELL AS I CAN. IF YOU HELP I WOULD APPRECIATE IT PLEASE DON'T PROLONG THE DAMAGE TO ME AND PROLONG MY PAIN. ALSO I HAD (8) EPIDURALS IN THE PAST NONE WORKED. IF YOUR GONE THAT ROUTE, IT MAY BE A WASTE OF MONEY. PLEASE CALL ME DOWN TO TALK (OR) DO SOMETHING FOR MY PAIN A.S. A.P.O. - THANK YOU KINDLY -</p> | | |
| 8. DISPOSITION: (DO NOT WRITE IN THIS SPACE) | | |

(HE ALSO AFFIRMED MY ENCOUNTER DUE TO NERVE DAMAGE)

☐ TO DC-14 CAR ONLY

☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400

DATE: 9-1-00

SUBJECT: Inmate Request Slip

TO:

Moser

Inmate Name

BE-4713

D.C. #

Unit C

FROM:

Kenneth D. Kyler
Superintendent

I have received your inmate request slip and have the following response.

☒ Referred to appropriate staff member MRB. P. Yarger

Additionally, I have the following comments: _____

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response:

cc: Counselor W. Cummins
File

1030

DC-135A

C.E.
Super
Chaplin
ATTN

* LEGAL *

INMATE'S REQUEST TO STAFF MEMBER

(SEE ATTACHED)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

| | | |
|--|-----------------------------------|--------------------------------|
| 1. TO: (NAME AND TITLE OF OFFICER) SUPERINTENDENT KENNETH D. KYLER | | 2. DATE 31 AUG 00 |
| 3. BY: (INSTITUTIONAL NAME AND NUMBER) MOSEB BE4713 | | 4. COUNSELOR'S NAME CUMMINS |
| 5. WORK ASSIGNMENT | 6. QUARTERS ASSIGNMENT CIB-130 | |
| 7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. Greeting's MR. KYLER, I HEAR YOUR A FINE MAN, AND I HAVE MUCH RESPECT FOR YOU. I SENT THIS AFFIDAVIT THROUGH YOUR OFFICE, BECAUSE THAT IS THE PROPER WAY TO SEE IT GETS FILED INTO RECORD, SO LATER DOWN THE ROAD IT CAN'T BE SAID, THE FA. D.O.C. HOWARDTOWN DIDN'T KNOW ABOUT THE AFFIDAVIT. IN THE SAME THATS WHY I WROTE YOU ABOUT DR. MONAGHAN, RETALIATORY ACTIONS AND EXTREME MEDICAL NEGLECT, SO NOBODY CAN SAY LATER, "I CLAIM MY 11TH AMEND. PROTECTION I DIDN'T KNOW" ALL PARTIES ARE FULLY KNOWING OF THE UNLAWFUL, UNCONSTITUTIONAL ACTION OF THE DOCTOR, IT'S UP TO YOU IF YOU OR STAFF WANT TO STEP IN AND HELP. ALL ASSISTANCE IS DEEPLY APPRECIATED. NEXT, WITHIN THE NEXT 30 DAYS I | | |

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

EXPECT YOUR OFFICE WITH BE CONTACT BY PRESS MEMBERS
AND ATTORNEYS. I FULLY CONSENT TO SPEAK WITH
THEM, AND RELEASE ANY REQUEST RECORDS. PLEASE
FILE SAID DOCUMENTS INTO RECORD. THANK YOU
AND MAY GOD BLESS YOU 3 YOURS. Respectfully
J. MOSEB

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

*LEGAL Affidavit *

INMATE'S REQUEST TO STAFF MEMBER

C.C. - Super
Chapin
ART.

1. TO: (NAME AND TITLE OF OFFICER)

Superintendent Kenneth D. Kyler

2. DATE

31 Aug 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSER BE4713

4. COUNSELOR'S NAME

Commings

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

* LEGAL Affidavit - Sworn Statement (28. U.S.C. 1746)

You ARE HEREBY LEGAL NOTIFIED IN ACCORDANCE WITH U.S. CONST. THAT I, JEFFERY PAUL MOSER (BE4713) AM OF THE FAITH (RELIGION) AS THAT OF AN "JEHOVAH WITNESS" PARELL CHRISTIAN BELIEF.

THEREFORE, I WILL NOT ACCEPT NO ALTERNATIVE FLUIDS ENTERING my Body. Such as, (A.) BLOOD TRANSFUSION (B) I.V. FLUIDS (OR) medication (C) FEEDING TUBES (D) NEEDLES (OR) SHOTS WITH NEEDLES.

THE ONLY EXCEPTION TO THIS AFFIDAVIT, IS IF I GIVE YOU MY EXPRESS PERMISSION. OTHERWISE DO NOT VIOLATE MY CONSTITUTIONAL RIGHTS AND FORCE UPON ME FLUIDS ETC... THIS AFFIDAVIT CAN AND WILL BE USED IN UPCOMING COURT ACTIONS. SWORN TO BE TRUE & CORRECT.

*WITNESSED/ DATED/ SIGNED.

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Jeffery Paul Moser 31 Aug 00

- Thank you kindly -

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

(13)

C-A

INMATE'S REQUEST TO STAFF MEMBER

1028

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MS. YAGER (Medical Administrator)

2. DATE

13 Sept. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSER BE4713

4. COUNSELOR'S NAME

COMMINS

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CA - 028

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

MA'AM Respectfully,

You told me "work with the medical staff MOSER"

PLEASE TELL ME what THAT means, ? When your staff has cut me off all treatment, what do I work with MS. YAGER, I came here on a medical transfer, because I AM DISABLED (LEGALLY) AND IN NEED OF CONSTANT PAIN MANAGEMENT FOR A SPINAL INJURY, which I NEED A QUESTION, IT'S ALL IN THE FILE, (I FILED AN A.D.A. BECAUSE THE STATE(S) AND FEDERAL GOV. DECLARED ME DISABLED AND IN "NEED" OF ALL THE TREATMENT ABOVE, I GET NO PAIN MANAGEMENT (which causes me GREAT suffering and

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

IS DISCRIMINATION IN VIOLATION OF THE A.D.A. NO M.R.E., E.M.G., NURO-SURGEON APPOINTMENT, NO TREATMENT IS OFFERED, TO WORK WITH. ONLY INDIFFERENCE TO HARM ME IS OFFERED; IF MY LAWYER TODAY SAID "WHAT ARE YOU DOING FOR HIM?" AND THE RECORD WOULD SHOW "NOTHING" MA'AM. SO PLEASE GIVE ME SOMETHING TO WORK WITH, AND IF I GOT TO WAIVE MY OPERATION, TO GET SOME PAIN RELIEF, SO I CAN FUNCTION AS A LEGALLY DISABLED PRISONER. AT THIS POINT ILL DO IT, BECAUSE I'M NOT GOING TO MAKE TO MUCH LONGER WITHOUT SOMETHING TO WORK WITH. PLEASE CALL ME AND TALK. A.S.A.P. THANK YOU KINDLY.

Mr Moser
you had an
EMG done
and you requested
dated 9/14/00 indicates
this. We are formal
waiting the formal
results to determine
an appropriate
treatment
plan
for you

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

Deborah R.

9.9.00

DC-135A

*C.C.(5) William Seal
YAGER
BANEY
ATT/FILE*

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA**DEPARTMENT OF CORRECTIONS****INSTRUCTIONS**

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

| | | |
|---|---|---------------------------------------|
| 1. TO: (NAME AND TITLE OF OFFICER) <i>MS. YAGER (Medical Admin)</i> | | 2. DATE <i>14 Sept 00</i> |
| 3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>MOSEER BE4713</i> | | 4. COUNSELOR'S NAME <i>COMPTON</i> |
| 5. WORK ASSIGNMENT | 6. QUARTERS ASSIGNMENT <i>CA - 028</i> | |
| 7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. <i>Today (Thursday 14th Sept. 2000) I WAS TAKEN OUT FOR A E.M.G. which shows THE LEVELS OF PAIN I AM IN AND EXTENT OF THE NERVE DAMAGE IN MY BACK AND LEFT LEG & FOOT. AFTERWARDS THE DOCTOR CONCLUDED THAT I HAVE EXTREME NERVE DAMAGE SO MUCH HE TOLD ME HIS BACK IS "SHOT" AND HIS LOWER LEG AND FOOT IS "DYING" THAT WHY THE HAIR IS FALLING OUT AND LEFT FOOT IS SMALLER. THUS HE MUST BE HAVING EXTREME (A LOT) OF PAIN. SO C/O WARMER WALKED ME DOWN TO MEDICAL WHEN WE GOT BACK AND TOLD THE MEDICAL STAFF WHAT HE SAID AND THAT THE DOCTOR SUGGESTED I BE MEDICATED FOR PAIN (EXTREME PAIN IS WHAT I'M HAVING). MY BACK IS "SHOT" MY FOOT IS DYING FROM LACK OF TREATMENT, I HAVE BEEN WAITING (14 months) FOR THE D.O.C. TO TREAT ME, NOW IT MAY BE IRREVERSEABLE HARM. BUT I'M NOT WRITING YOU TO ARGUE OR BLAME</i> | | |
| 8. DISPOSITION: (DO NOT WRITE IN THIS SPACE) | | |

Mr Moser.
It is not in the scope of practice for Mrs Yager or myself to order pain meds. This must be done by a PAC or MD. As previous we are awaiting formal results of EMG & NCS

BUT TO SAY I NEED HELP IMMEDIATELY, EFFECTIVE PAIN MANAGEMENT FIRST. PLEASE ORDER THIS NOW AS MY NURSE-SURGEON RECOMMENDED, I WANT TO WORK WITH YOU IN GETTING WELL AS I CAN. IF YOU HELP I WOULD APPRECIATE IT, PLEASE DON'T PROLONG THE DAMAGE TO ME AND PROLONG MY PAIN. ALSO I HAD (8) EPIDURALS IN THE PAST NONE WORKED. IF YOUR GONE THAT ROUTE, IT MAY BE A WASTE OF MONEY. PLEASE CALL ME DOWN TO TALK (OR) DO SOMETHING FOR MY PAIN A.S. Appt - THANK YOU KINDLY -

(HE ALSO AFFIRMED MY ENCOUNTENCE DUE TO NERVE DAMAGE)

☐ TO DC-14 CAR ONLY

☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400

1030
DATE: 8-21-00

SUBJECT: Inmate Request Slip

TO:

Moser
Inmate Name

BE-4713
D.C. #

CB
Unit

FROM:

Kenneth D. Kyler
Superintendent

I have received your inmate request slip and have the following response.

☒ Referred to appropriate staff member MB. P. Yarger

Additionally, I have the following comments: _____

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response:

cc: Counselor
File

WITNESSED / COPIED

KYLER
Ehant
ATTORNEY
FILECOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INMATE'S REQUEST TO STAFF MEMBER

INSTRUCTIONS

LEGAL AFFIDAVIT (22 U.S.C. 1746) *file*

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

| | | |
|--|---|-----------------------------|
| 1. TO: (NAME AND TITLE OF OFFICER) KENNETH D. KYLER (SUPERINTENDENT) | | 2. DATE 17 AUG 00 |
| 3. BY: (INSTITUTIONAL NAME AND NUMBER) MOSEER BE4713 | | 4. COUNSELOR'S NAME |
| 5. WORK ASSIGNMENT PAGE 1 OF 3 | 6. QUARTERS ASSIGNMENT CB-130 | |
| 7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. | | |
| <p>SIR, I WAS TOLD TO WRITE, YOU. AS YOU WERE FAIR AND WOULD LISTEN. I WOULD LIKE TO TALK TO YOU. I HAVE A MAJOR PROBLEM AND WOULD LIKE TO SHOW YOU THE PAPERWORK ON IT (I.E. FEDERAL LITIGATION (LAW SUIT) DOCUMENTS, MEDICAL RECORD STATE 3rd FEDERAL ELI. ECT.) I WAS SENT HERE UNDER THE UNDERSTANDING I COULD HAVE MY PROPER PAIN MEDICATION HERE AND GET MY SPINAL FUSION OPERATION, WITHOUT HARASSMENT (OR) MEDICAL NEGLECT FOR SEEKING SUCH, WELL SIR. I HAVE Hep. C. AND LIVER DISEASE AND AND SURGERY ORDER AND RECOMMENDATION FOR "ORYCONTIN" PAIN MEDS. BECAUSE THE PRESENT MEDS DON'T WORK AND CONTAIN TO MUCH LIVER KILLING TYLUDOL PER DAY FOR ME TO TAKE. (SEE MEDICAL RECORDS) THIS ORDER IS FROM A D.O.C. SURGEON AND ALSO FEDERAL DOCTORS. WELL I SAW THE DOCTOR TODAY AND HE ORDERED ME PEROCET → (CONTINUED) →</p> | | |
| DISPOSITION: (DO NOT WRITE IN THIS SPACE) | | |

DC-135A

(2)

2 of 3

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER)

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

which did help a little more, But NOT LIKE THE RECOMMEND MEDICATION would, But THE ~~TOP~~ Tylenol IS A MUCH SAFER LEVEL WITH THE PERCET. (ACCEPTABLE) THEN TONIGHT AT THE MEDS WINDOW I'M TOLD I'M BACK ON DARVOLET, which Barely works and KILLS ME slowly VIA: LIVER DAMAGE. THIS IS MORE OF THE SAME MEDICAL NEGLECT AND MALPRACTICE AND MEDICATION Discrimination THAT I JUST LEFT. SIR, I HAVE A MULTIMILLION DOLLAR Lawsuit Pending Against THE D.O.C. FOR THE SAME ACTION ABOVE, which THE Federal authorities affirmed my Medical Claims. AND NEED FOR ALL THE TREATMENT. (LOOK AT THE FILE, THE TRUTH IS IN THERE) I DON'T WANT THIS TREATMENT, I NEED IT, IMMEDIATELY. I'M WRITING YOU WITH ALL DUE RESPECT SIR. I DON'T WANT TO FILE, GRIEVANCES, SUE YOU OR YOUR ADMIN. AS AN ADD ON DEFENDANT, BE SHIPPED (OR) RETALIATED AGAINST (CONTINUED → 3 of 3)

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

(3 of 3)

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

Superintendent

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEK BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

PAGE 3 of 3

6. QUARTERS ASSIGNMENT

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

AS I JUST WHEN THREW ALL THAT, AS WELL AS I RECENTLY GOT THE PRESS INVOLVE, AND WILL VERIFY SUCH FOR YOU IF REQUESTED. I DON'T NEED TO GO THREW ALL THAT AGAIN, TO GET PROPER MEDS & A SPINAL FUSION OPERATION. DO I SIR? I UNDERSTAND IF I MUST GO TO COURT MY MEDICAL RECORDS SPEAKS FOR ITSELF AND I WILL WIN MONETARY DAMAGES. I DON'T WANT MONEY (OR) TO HASSLE YOU. I JUST WANT MY PAIN MANAGED PROPERLY WITH SOME FORM OF PAIN MED. RECOMMENDED. THAT WORK AND TO HAVE MY SPINAL FUSION DONE AS SOON AS I AM ABLE TOO.

I DON'T WANT TO BE SHIPPED, HARASSSED, (OR) MADE TO COMPLAIN CONSTANTLY TO THE COURTS & YOU. I JUST WANT HELP! AS STATED IN MY RECORDS. I KNOW LITTLE GETS DONE WITHOUT THE COURTS AND PRESS. BUT I JUST WANT TO BE UNHEARD HERE. PLEASE INTERVENE, AND SEE TO IT I GET MY MEDICATION AND

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

operation, I'm NOT ASKING FOR NOTHING EXTRA, THIS IS WHAT I GOT COMING TREAD THE RECORD & CALL D.O.C. COUNSEL, IF YOU DON'T BELIEVE ME. I PROMISE YOU SIR IF YOU HELP ME, I WILL BE FOREVER GRATEFUL AND YOU WON'T HERE ANOTHER PEEP OUT OF ME, BECAUSE YOU'LL BE THE ONE WHO HELP STOP THE NIGHTMARE. I WOULD LIKE TO SPEAK WITH YOU SIR. THANK YOU AND GOD BLESS, YOU & YOURS.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400

DATE: 8-21-00

SUBJECT: Inmate Request Slip

TO: Maser
Inmate Name

BE-4713
D.C. #

CB
Unit

FROM: Kenneth D. Kyler
Superintendent

I have received your inmate request slip and have the following response.

☒ Referred to appropriate staff member MB. P. Yarger

Additionally, I have the following comments: _____

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response.

cc: Counselor
File

DC-804


PART

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

Docket No # PLEASE

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

| | | |
|---|--|-----------------------------|
| TO: GRIEVANCE COORDINATOR MEDICAL GRIEVANCE | INSTITUTION S. C. E. H. | DATE 17th Aug. 00 |
| FROM: (Commitment Name & Number) MOSEK BE4713 | INMATE'S SIGNATURE  | |
| WORK ASSIGNMENT | QUARTERS ASSIGNMENT 10-10- CB-130 | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I AM ONCE AGAIN SUFFERING FROM MEDICAL NEGLIGENCE AND THIS CAUSES ME GREAT PAIN AND SUFFERING. I CAME HERE IN NEED OF A SPINAL FUSSION, AND ORDER FROM THE SURGEON TO PUT ME ON ORYCONTINE FOR SEVER PAIN BECAUSE THE PRESENT PAIN MEDICATION DO NOT WORK (DARVOCE) AND I HAVE Hep.C AND THAT MUCH TYLENOL PER. DAY. IS KILLING MY LIVER. (SEE ATTACHED) NOW I WENT THRU ALL THIS WITH AIN. ERHART AT CAMP HILL AND MR. FORR AND WAS ASSURED I WOULD GET MY MEDICATION AND OPERATION AT HUMMINGTON, WELL I TOOK PEROCET TODAY AND IT HELPED A LITTLE AND HAD LESS TYLENOL. BUT TONIGHT I AM TOLD I AM BACK TO SAME OLD THING, DARVOCE, AND 5000 MG PER. THIS IS MORE OF SAME, I WANT TO EXHAUST DC-804, AND GO BACK TO THE FEDERAL

B. Actions taken and staff you have contacted before submitting this grievance:

WANTS A.S.A.P. IF ALL I'M GOING TO GET IS FURTHER, MEDICATION DISCRIMINATION, LIFE THREATEN MEDICAL NEGLIGENCE. (1) SPOKE TO NURSE, SPOKE TO DOCTOR, SPOKE TO SGT. ECT. NO RESULTS, URGENT MATTER, PLEASE RESOLVE & ASSIST.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598DATED / WITNESSED / COPIED* PENSE ASSIGN No#

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

1030
0136-00

| | | |
|--|----------------------------------|--------------------|
| TO: GRIEVANCE COORDINATOR | INSTITUTION SLE - HUNNINGTON | DATE 29 Aug. 00 |
| FROM: (Commitment Name & Number) JEFFERY MOSER BE4713 | INMATE'S SIGNATURE Jeff Moser | |
| WORK ASSIGNMENT | QUARTERS ASSIGNMENT CB-130 | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

Now, THAT I HAVE EXHAUSTED ALL REMEDIES, BEFORE FILING A GRIEVANCE, TO THE POINT (P. EVERHART (RNS) OF THE MEDICAL DEPT. STATED SHE WILL ADDRESS "NOMORE" REQUEST ON THIS ISSUE) SO, I ONLY HAVE THE GRIEVANCE PROCESS THEN COURTS & PRESS AGENCIES TO TURN TOO. I AM BEING REFUSED A SPINE FUSION OPERATION, NURD-SURGEON CONSOLATION, EFFECTIVE PAIN MEDICATION, (I.E. WITH LESS TYNAL BECAUSE I HAVE LIVER DISEASE) AND THE PRESENT MEDS, DON'T WORK, BECAUSE I NEED A SPINE FUSION AND UNTILL I HAVE SAID OPERATION MY CONDITION AND PAIN CAN AND WILL ONLY GET WORSE. THE NEED FOR THE OPERATION & STRONGER MEDICATION ARE REFLECTED IN MY MEDICAL RECORD. BUT ARE BEING IGNORED. I AM REFUSED MEDICATION, & THE OPERATION UNDER FALSE PRETENSES I AM NOT REFUSING THE OPERATION, IN FACT I'VE BEEN SEEKING THE OPERATION FOR SOME TIME. NEXT I HAVE NO HISTORY OF DRUG ABUSE WITH MEDICATION, ONLY A NEED FOR PAIN

B. Actions taken and staff you have contacted before submitting this grievance: MANAGEMENT, & A SPINE FUSION OPERATION. AND A P. * I FEEL THIS IS MEDICAL MALPRACTICE & NEGLIGENCE.

WROTE SUPERINTENDENT KYLE, (RESPONSE RECEIVED) (4) REQUEST FILED TO MS. YABEK & (RESPONSE RECEIVED BY P. EVERHART ON BEHALF OF MS. YABEK) (8-29-00) (2) SICK VISITS & SPOKE TO DR. REENER, ALL AVE. ADDRESSED WITH NO RESOLUTION (OR) ASSISTANCE.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

D. Barney

Signature of Grievance Coordinator

8-31-00

Date

COMM HEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400

DATE: 8-21-00

SUBJECT: Inmate Request Slip

TO:

Jeffrey Moser
Inmate Name

BE-4713
D.C. #

C
Unit

FROM:

Kenneth D. Kyler
Superintendent

I have received your inmate request slip and have the following response.

✓ Referred to appropriate staff member MR. P. Yarger

Additionally, I have the following comments: _____

Thank you for this inquiry. I hope this has assisted with resolving the issue in question.
Superintendent's Office to be provided a copy of staff's response.

cc: Counselor
File

~~cc~~ CB Unit

1030.

*See Please
check the with
handwritten notes on the
back, they were written for
my attorney's and Federal Judge,
but this is the only copy
I have from the P.O. This is my
report which clearly states what
not work, what need a
(medication specialist)
etc. I have much more
proof for your
viewing.
Thank you*

B. Jamin Nakkache M.D. F.A.C.S. F.I.C.S.
Diplomate American Board of Neurological
Surgery..
Microneurosurgery...

New Bridge Center
480 Pierce St.
Suite 219
Kingston Pa. 18704
570-714-8900
570-714-0960 (Fax)

*SENT TOO!
Superintendent
KYLEK 8/17/2000*

This Patient is coming to see me for Evaluation of Back and Left Leg Pain and to a Lesser degree on the Right side. As we know, the patient had surgery in the past Two Different times before He was imprisoned, Both L4-L5 and L5-S1 with fairly good pain relief, untill he fell from an elevator in 1997. Since then, he has been having more severe back and left leg pain and even some difficulty with bladder control, However no overt Cauda Equina Syndrome is noted. Walking and sitting is worse than lying down. He also complains of Paresthesias on the left foot affecting both the L5-S1 Dermatomes. So far the Medication he has been given for Pain Control has been Ineffective.

Neurological Examination

- 1.) Mental Status: Patient is awake, alert and oriented X3
- 2.) Neck: Soft , Supple
- 3.) Cranial Nerves: I-XII are in tact
- 4.) Motor Examination: It is difficult to detect any definitive weakness, the left lower extremity is difficult to test because of Pain.
- 5.) Sensory Examination: There is no definitive Sensory loss to touch and pinprick on the upper extremities, but on the the Lower ones, Mostly on the Left side affecting the L5-S1 Dermatomes.
- 6.) Reflexes: Are 2+ and symmetrical all throughout except the Ankle jerks which are barely trace on the Left side a 1+ on the right side Plantar responses are downgoing.
- 7.) Lower Back Examination: Discloses a well healed midline scar, there is tenderness to the Left side of the midline but no definitive Paravertebral muscle spasm is noted. Straight leg raising on the Left side is Positive for leg pain at about 30 degree's and also sitting up on the right side, it also causes contralateral left leg Pain.
- 8.) Rediology: I reviewed his M.R.I. of the lumbar spine, Which disclosed evidence of recurrent Disc Herniation at L4-L5 and to a lesser degree at L5-S1 There is Evidence of D.J.D. at both levels also...

I feel at this point, He should be considered for surgery.
 * I am aware that the Patient may have had other problems in the past as per the prison doctor, But certainly the M.R.I. findings are quite straitforword. Although a Limited Laminotomy could be done on the left side at L4-L5 that could be difficult because of his previous surgeries and as such a Full Laminectomy will be more effective and safer to remove the recurrent Disc Herniation. However this would certainly cause more back pain unless a Lumbar Fussion is done at the same time at both levels and if so, in his case, Pedicle screw fixation with a Posterolateral bony fusion will be recommended. that of course would require a bone graft from the right hip or left hip...

In the mean time, I feel the Patient should be placed on Oxycontin around the Clock perhaps 20mg (or) 40mg twice aday to see how he responds to that. Should surgery be Authorized I would be glad to do it on a Three or Four week notice..

NOTE: THIS ³ ANY EFFECTIVE MEDICATIONS (OR) TREATMENTS ARE REFUSED TO ME TO DATE...

Doctor: Nakkache Report of 20th Day of March, 2000

Hand copied Word for Word By: Jeffery Moser
 out of his Medical File, In accordance with
 F.O.I.A. Law...

Waivers given Freely To all Officers of the Court , I.E. Attorneys & Judges & Members of the Press, Whom may need to reference the Originals in the interest of Justice. Jeffery Moser is the Patient Herein this report. Thus his rights are active....

NOTE: THIS REPORT WAS IN RESPONSE TO AN "ACCIDENT I HAD IN JAN. 2000" ONLY THEN DID I RECIEVE THIS CONSULTATION. I SLIPPED ON THE ICEY WALKWAY. AFTER THEY WERE MADE AWARE BEFOREHAND THAT BECAUSE OF NERVE DAMAGE FROM MY SPINE INJURY, DOWN MY LEFT SIDE (LOSS OF FEELING & BALANCE) I CAN NOT BALANCE WELL ON ICE, SNOW (OR) WET SURFACES. TO DATE I STILL AM FORCED TO WALK THE SAME ROUTE. THIS DOCTOR CONFIRMS THE DANGER, AS WELL AS

... THE FEDERAL AUTHORITIES ORDER CHIEF INVESTIGATOR HAVE INFORMATION OVER (15 / 11 MONTHS AGO) (WITHOUT DELAY)

DATED / WITNESSED / COPIED

DC-135A

E.C. (4) KYLER
ERHART
ATTORNEY
FILE

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

INMATE'S REQUEST TO STAFF MEMBER
LEGAL AFFIDAVIT (22 U.S.C. 1746) *file*

| | | |
|--|---|-----------------------------|
| 1. TO: (NAME AND TITLE OF OFFICER) <i>KENNETH D. KYLER (SUPERINTENDENT)</i> | | 2. DATE <i>17 Aug 00</i> |
| 3. BY: (INSTITUTIONAL NAME AND NUMBER) <i>MOSEN BE4713</i> | | 4. COUNSELOR'S NAME |
| 5. WORK ASSIGNMENT <i>PAGE 1 of 3</i> | 6. QUARTERS ASSIGNMENT <i>CB-130</i> | |
| 7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS. <i>SIR, I WAS TOLD TO WRITE, YOU. AS YOU WERE FAIR AND WOULD LISTEN. I WOULD LIKE TO TALK TO YOU. I HAVE A MAJOR PROBLEM AND WOULD LIKE TO SHOW YOU THE PAPERWORK ON IT (I.E. FEDERAL LITIGATION (LAW SUIT - DOCUMENTS, MEDICAL RECORD STATE & FEDERAL ECT. ECT.) I WAS SENT HERE UNDER THE UNDERSTANDING I COULD HAVE MY PROPER PAIN MEDICATION HERE AND GET MY SPINAL FUSION OPERATION, WITHOUT HARASSMENT OR MEDICAL NEGLIGENCE FOR SEEKING SUCH, WELL SIR. I HAVE Hep. C. AND LIVER DISEASE AND AND SURGERY ORDER AND RECOMMENDATION FOR "ORXYCONTIN" PAIN MEDS. BECAUSE THE PRESENT MEDS DON'T WORK AND CONTAIN TO MUCH. SOME KILLING TYLENOL PER DAY FOR ME TO TAKE. (SEE MEDICAL RECORDS) THIS ORDER IS FROM A D.O.C. SURGEON AND ALSO FEDERAL DOCTORS. WELL I SAW THE DOCTOR TODAY AND HE ORDERED ME PEROCET → (CONTINUED) →</i> | | |
| 8. DISPOSITION: (DO NOT WRITE IN THIS SPACE) | | |

Mr. Mosen.

This was sent to me for review + answer. Chart review indicates you arrived here from SCI Frackville on 3/16/00. There is no order or indication that you received pain medication, other than Darvocet, except for a 6 day period of Tylenol #3, while @ Frackville. It is noted you saw the specialist and he recommended surgery, which you refused to have done. Additionally it is noted that after conversing with the specialist - he had recommended - Oxycotin based on your request for pain management using morphine. When you arrived here you were ordered Percocet @ your request. After that visit the physician reviewed the record and determined continued use of Percocet was not in your best overall

TO DC-14 CAR ONLY

TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

DC-135A

(2)

2 of 3

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

SUPERINTENDENT

2. DATE

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEK BE4713

4. COUNSELOR'S NAME

5. WORK ASSIGNMENT

PAGE 2 of 3

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

which did help a little more, but not like the recommend medication would, but the ~~ty~~ Tylenol is a much safer level with the Percocet. (ACCEPTABLE) THEN TONIGHT AT THE MEDICINE WINDOW I'M TOLD I'M BACK ON DARVOCE, WHICH BARELY WORKS AND KILLS ME SLOWLY VIA LIVER DAMAGE. THIS IS MORE OF THE SAME MEDICAL NEGLIGENCE AND MALPRACTICE AND MEDICATION DISCRIMINATION THAT I JUST LEFT. SIR, I HAVE A MULTIMILLION DOLLAR LAWSUIT PENDING AGAINST THE D.O.C. FOR THE SAME ACTION ABOVE, WHICH THE FEDERAL AUTHORITIES AFFIRMED MY MEDICAL CLAIMS. AND NEED FOR ALL THE TREATMENT. (LOOK AT THE FILE, THE TRUTH IS OUT THERE) I DON'T WANT THIS TREATMENT, I NEED IT, IMMEDIATELY. I'M WRITING YOU WITH ALL DUE RESPECT SIR. I DON'T WANT TO FILE, GRIEVANCES, SUE YOU OR YOUR ADMIN. AS AN ADD ON DEFENDANT, BE SHIPPED (OR) RETALIATED AGAINST (CONTINUED → 3 of 3)

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

(Pg 2)

medical management and it was stopped + Darvocet was ordered. You will be medically managed here by the healthcare providers, based on their findings regarding what is medically necessary for you. You will not be medically managed based on what you request, demand or threaten to do. If a change in the treatment plan is needed, healthcare professionals will determine such and I am advising you to work with them in implementing and continuing the plan of care medically necessary for you.

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

P. Benerdanthus

DATE

8-24-00

DC-435A

(3 of 3)

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

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| | | |
|--|------------------------|---------------------|
| 1. TO: (NAME AND TITLE OF OFFICER) <u>SUPERINTENDENT</u> | | 2. DATE |
| 3. BY: (INSTITUTIONAL NAME AND NUMBER) <u>MOSEK BE4713</u> | | 4. COUNSELOR'S NAME |
| 5. WORK ASSIGNMENT <u>PAGE 3 of 3</u> | 6. QUARTERS ASSIGNMENT | |
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See
Pg 1-2

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

STAFF MEMBER

DATE

Bejamin Nakkache M.D. F.A.C.S. F.N.S.
Diplomate American Board of Neurological
Surgery..
Microneurosurgery...

New Bridge Center
480 Pierce St.
Suite 219
Kingston Pa. 18704
570-714-8900
570-714-0960 (Fax)

SENT TOO!
SUPERINTENDENT
KYLEK 8/17/2000

This Patient is coming to see me for Evaluation of Back and Left Leg Pain and to a Lesser degree on the Right side. As we know, the patient had surgery in the past Two Different times before He was imprisoned, Both L4-L5 and L5-S1 with fairly good pain relief, untill he fell from an elevator in 1997. Since then, he has been having more severe back and left leg pain and even some difficulty with bladder control, However no overt Cauda Equina Syndrome is noted. Walking and sitting is worse than lying down. He also complains of Paresthesias on the left foot affecting both the L5-S1 Dermatomes. So far the Medication he has been given for Pain Control has been Ineffective.

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- 8.) Radiology: I reviewed his M.R.I. of the lumbar spine, Which disclosed evidence of recurrent Disc Herniation at L4-L5 and to a lesser degree at L5-S1 There is Evidence of D.J.D. at both levels also...

DC-135A

C.C. (5) Per
Counsel
P/A
Vol.

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

MS. YAGER (MEDICAL ADMINISTRATOR)

2. DATE

25 Aug. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

MOSEY BE4713

4. COUNSELOR'S NAME

Cummins

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

Greetings, I just RECEIVED your RESPONSE TO MY REQUEST TO MR. KYLER (SUPER). First let me start by saying I DIDN'T THREATEN you in ANY MANNER with LEGITIMACY, A STATE FACT, which if you contact MR. EDWARD GILL, you'll SEE I'VE ALREADY SERVED HIM. I FIND THE ONLY EFFECTIVE WAY TO RECEIVE TREATMENT IN THE D.O.C. IS THROUGH COURT ACTIONS AND GETTING THE PRESS INVOLVED TO EXPOSES WRONGFUL & UNLAWFUL ACTIONS GOING WITHIN. I hope you PROVE ME WRONG HERE MS. YAGER AND YOU HAVE A WILLINGNESS TO DO THE RIGHT THING AND HELP ME MEDICALLY, ETC. IN A TIMELY MANNER, IN MARCH 2000 THE U.S. CT. APP. (3RD CIR.) GRANTED THE PR. D.O.C. TIME ON EXHAUSTION TO CORRECT THERE ACTIONS OF MEDICAL NEGLECT FOR MY CASE. THE D.O.C. HASN'T COMPLIED TO DATE, SO I SHALL PRESENT THIS. BUT I WOULD LIKE TO TALK TO YOU PERSONAL MS. YAGER, BECAUSE ALL I WANT IS TREATMENT FOR BACK (SPIRAL FUSION) PAIN MANAGEMENT *THAT IS LESS STRESSFUL ON MY BACK AS I HAVE "HIV. C." AND LIVER DISEASE*, A PILLAR FOR IN BETWEEN MY LEGS WHEN SLEEPING (CONTINUED -> BACKSIDE)

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

Mr. Moser,

It is well documented that you indeed refused surgery. You were seen on sick call recently and referred to your Unit Manager to discuss the extra blanket. There is no medical need determined to order one @ this time. Past & present Court actions do not determine medical treatment. Qualified medical personnel will amend your treatment plan as it is determined medically necessary to do so. Unless your medical condition changes demands or repeat requests of this same nature will not continue to be addressed. There is no need for a

☐ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS

personal interview @ this time.

STAFF MEMBER

P. Everhart RNS

DATE

8-29-00

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598PLEASE ASSIGN DOCKET NO#
— P.L.R.A. —COPIED / DATED / WITNESSED
— SUBMISSION —

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

| | | |
|--|--|--------------------|
| TO: GRIEVANCE COORDINATOR | INSTITUTION SCE-HUNNINGTON | DATE 30 Aug. 00 |
| FROM: (Commitment Name & Number) MOSEK, Jeff BE4713 | INMATE'S SIGNATURE <i>[Signature]</i> | |
| WORK ASSIGNMENT | QUARTERS ASSIGNMENT CB-130 | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

THIS IS A "RETRIBUTION CLAIM" FILED AGAINST "DR. FARROKH MOHADJEREN" SO IN PROPER FORM IT SHOULD NOT BE ADDRESSED/ANSWERED BY THE DOCTOR, RATHER WITH THE PROTOCOL IN MIND IT SHOULD BE ANSWERED BY A SUPERVISOR OVER THE DOCTOR. ON 29 AUG. 00 I FILED A GRIEVANCE AGAINST THE MEDICAL DEPT. FOR LACK OF MEDICATIONS, TREATMENT FOR MY DOCUMENTED SPINE INJURY. TODAY I WAS CALLED DOWN BY THE DOCTOR, AND TOLD AS I UNDERSTOOD IT, THAT ALL MY MEDICATION FOR PAIN WOULD BE STOPPED AND RECEIVE NO TREATMENT FOR MY SPINE INJURY, AS I WAS FAKING IT, THAT HE BELIEVED THIS, THAT THE (4) M.R.I. ~~SHOULD~~ MEDICAL PROOF TESTING AND ALL NURO-SURGEON DOCTOR (PAST) (9 TOTAL) D.O.C. DOCTOR AND SPECIALIST AND FEDERAL MEDICAL SPECIALIST WERE WRONG AND HE IS RIGHT, I'M FAKING. WE KNOW M.R.I. DON'T LIE (OR) DO NURO-SURGEON. MY INJURY AND NEED FOR TREATMENT IS A PROVEN FACT. HIS ACTION ARE RETALIATORY, ~~AND~~ INTENTIONAL ENLIGHTENED TO CAUSE

B. Actions taken and staff you have contacted before submitting this grievance: ME GREAT PAIN AND SUFFERING, AIMED TO DO INTENTIONAL IRREPARABLE HARM TO ME. TO STOP MY LITIGATION DUE TO PAIN AND SUFFERING. YOU CAN CLEARLY SEE THE RETALIATION, ALL THE MEDICAL TESTING AND DOCTOR PAST ARE NOT WRONG, AND ONLY THE DOCTOR (MOHADJEREN) IS RIGHT. NO JUDGE WILL BUY THAT. * (WROTE WARDEN MEDICAL NEEDS) (MAILED REQUEST TO MED. ADMIN.) (SPOKE TO (PA) DR. RIENER, AND DR. MOHADJEREN. (NO RESOLUTIONS) PLEASE DOCKET THIS INDIFFERENCE.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-135A

(DATE/COPIED/WITNESSED - CORR.)

INMATE'S REQUEST TO STAFF MEMBER

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

INSTRUCTIONS

Complete Items Number 1-7. If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently.

1. TO: (NAME AND TITLE OF OFFICER)

2. DATE

UNIT MANAGER - ~~MR. ELLIOT~~ - CB-Block

28 AUG. 00

3. BY: (INSTITUTIONAL NAME AND NUMBER)

4. COUNSELOR'S NAME

MOSEY, JEFFERY BEY713

MR. COMMINS

5. WORK ASSIGNMENT

6. QUARTERS ASSIGNMENT

CB-130

7. SUBJECT: STATE COMPLETELY BUT BRIEFLY THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE. GIVE DETAILS.

UPON SPEAKING WITH THE MEDICAL DEPT. HERE, I WAS TOLD TO CONTACT YOU SIR, OTHERWISE I WOULD NOT BOTHER YOU. AS YOU ARE VERY BUSY I AM SURE. I HAVE A SPINE INJURY AND I AM AWAITING A SPINE OPERATION, DUE TO THIS PROBLEM, IT REQUIRES ME TO SLEEP WITH A "EXTRA PILLOW" TO PACE BETWEEN MY LEGS, THIS HELPS TO KEEP DOWN THE PAIN AND STRAIGHTEN THE CONTOUR OF MY BACK WHILE I SLEEP. IT IS "NEEDED" MEDICALLY. I HAVE ALL THE DOCUMENTATION FROM SCI-FRACKVILLE / SCI-GRAETENFORD / FEDERAL PRISON WHICH STATES THE "NEED" FOR AN "EXTRA PILLOW". WHY AT SCI-HARRINGTON I AM TO ADDRESS THIS MEDICAL NEED WITH A NON-MEDICAL PROFESSIONAL I DON'T UNDERSTAND, BUT I WAS ASSURED BY MEDICAL (DEPT.) THAT YOU COULD HANDLE THIS FOR ME, WITHOUT DELAY. SO PLEASE ARRANGE "THE EXTRA PILLOW" FOR ME (OR)

8. DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DENY SO IN WRITING. THANK YOU FOR YOUR TIME SIR.

- I PROMISE -

MR MOSER,

I HAVE DISCUSSED YOUR REQUEST WITH MEDICAL STAFF AT THIS INSTITUTION AND THEY HAVE INFORMED ME THAT THERE IS NO MEDICAL NEED FOR THIS PILLOW. YOUR REQUEST IS DENIED.

☒ TO DC-14 CAR ONLY☐ TO DC-14 CAR AND DC-15 IRS


STAFF MEMBER



DATE

8/30/00

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598PLEASE ASSIGN DOCKET NO#
- P.L.R.A. -Copied / DATED / WITNESSED
SUBMISSION
OFFICIAL INMATE GRIEVANCEGRIEVANCE NO.

| | | |
|--|--|--------------------|
| TO: GRIEVANCE COORDINATOR | INSTITUTION SCE - HUNNINGTON | DATE 30 Aug. 00 |
| FROM: (Commitment Name & Number) MOSEK, JEFF BE4713 | INMATE'S SIGNATURE  | |
| WORK ASSIGNMENT | QUARTERS ASSIGNMENT CB-130 | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

THIS IS A "RETRIBUTION CLAIM" FILED AGAINST "DR. FARROKH MAHAJEREN" SO IN PROPER FORM IT SHOULD NOT BE ADDRESSED/ANSWERED BY THE DOCTOR, RATHER WITH THE PROTOCOL IN MIND IT SHOULD BE ANSWERED BY A SUPERVISOR OVER THE DOCTOR. ON 29 AUG. 00 I FILED A GRIEVANCE AGAINST THE MEDICAL DEPT. FOR LACK OF MEDICATIONS & TREATMENT FOR MY DOCUMENTED SPINE INJURY. TODAY I WAS CALLED DOWN BY THE DOCTOR, AND TOLD AS I UNDERSTOOD IT, THAT ALL MY MEDICATION FOR PAIN WOULD BE STOPPED AND RECEIVE NO TREATMENT FOR MY SPINE INJURY, AS I WAS FAKING IT, THAT HE BELIEVED THIS, THAT THE (4) M.R.E. ~~SHOULD~~ MEDICAL PROOF TESTING AND ALL NURO-SURGEON DOCTOR (PAST) (9 TOTAL) D.O.C. DOCTOR AND SPECIALIST AND FEDERAL MEDICAL SPECIALIST WERE WRONG AND HE IS RIGHT, I'M FAKING. WE KNOW M.R.E. DON'T LIE (OR) DO NURO-SURGEON. MY INJURY AND NEED FOR TREATMENT IS A PROVEN FACT. HIS ACTION ARE RETALIATORY, ~~AND~~ INTENTIONAL ENLIGHTENED TO CAUSE

B. Actions taken and staff you have contacted before submitting this grievance:

ME GREAT PAIN AND SUFFERING, AIMED TO DO INTENTIONAL IRREPAIRABLE HARM TO ME. TO STOP MY LITIGATION DUE TO PAIN AND SUFFERING. YOU CAN CLEARLY SEE THE RETALIATION, ALL THE MEDICAL TESTING AND DOCTOR PAST, ARE NOT WRONG, AND ONLY THE DOCTOR (MAHAJEREN) IS RIGHT. NO JUDGE WILL BUY THAT. (WROTE WARLEW MEDICAL NEEDS) (MAILED REQUEST TO MED. ADMIN.) (SPOKE TO (PA) DR. RIVEN, AND DR. MAHAJEREN. (NO RESOLUTION) PLEASE DOCKET THIS ENLIGHTENED.

Your grievance has been received and will be processed in accordance with DC-ADM 804.


Signature of Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution at Huntingdon
(814)643-2400
August 21, 2000

SUBJECT: Consolidated Inmate Grievance
Review System

TO: Moser, BE-4713
CB Unit

FROM: 
Kenneth R. Hollibaugh
Assistant Grievance Coordinator

1030

I am returning your grievance because you have not complied with the following provision(s) of DC-ADM 804, dated October 20, 1994, Consolidated Inmate Grievance Review System:

- _____ All grievances shall be in writing and in the format provided by the forms supplied by the institution (DC-804, Part I). Forms are available in the block. (Section VI., A, 1)
- _____ All grievances shall be presented individually. Group grievances are prohibited. (Section VI., A, 2)
- _____ Only an inmate who has been personally affected by a Department or institution action or policy shall be permitted to seek review of a grievance. (Section VI., A, 3)
- _____ All grievances must be presented in good faith. They shall include a brief statement of the facts relevant to the claim. The text of the grievance must be legible and presented in a courteous manner. (Section VI., A, 4)
- _____ Grievances based upon different events should be presented separately, unless it is necessary to combine the issues to support the claim. (Section VI, A, 5)
- _____ Grievances must be signed. (Section VI., A, 3)
- _____ Any inmate grievance may be addressed to the Inmate Grievance Coordinator except issues related to the following: (Section VI., E)
 1. DC-ADM 805 - Policy & Procedures for Obtaining Pre-F Transfer.
 2. DC-ADM 801 - Inmate Disciplinary and Restricted
DC-ADM 801 VI., G & I.
 3. DC-ADM 802 - Administrative Custody Procedure
Appeal from Initial Review, see DC-ADM 802, V

4. Other Kinds of issues for which review procedures have been previously established by administrative memorandum or policy statement.

Grievances related to the above issues shall be according to procedures specified in the directives listed and shall not be reviewed by the Inmate Grievance Coordinator.

Initial reviews must be submitted within 15 calendar days after the events upon which claims are based. (Section VI., B, 2)

☒ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form (DC-ADM 804, Part I).

Comments:

Mr. Moser:

Be advised that DC-ADM 804 requires a genuine effort be made to resolve problems before the grievance system is utilized. If you are experiencing difficulties with the diagnosis of the Medical Department you should contact Mrs. P. Yarger, Corrections Health Care Administrator, via written correspondence. If this fails to resolve your issue you may resubmit your grievance for further consideration.

KRH:tl

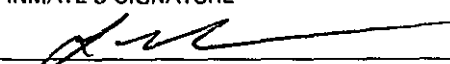
cc: Mrs. P. Yarger
DC-15
File

DC-804
PART 1C.C.
SEE ATTACH.COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

Docket No # PLEASE

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

| | | |
|---|--|-----------------------------|
| TO: GRIEVANCE COORDINATOR MEDICAL GRIEVANCE | INSTITUTION S. C. E. H. | DATE 17th Aug. 00 |
| FROM: (Commitment Name & Number) MOSEN BE4713 | INMATE'S SIGNATURE  | |
| WORK ASSIGNMENT | QUARTERS ASSIGNMENT CB-130 | |

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I AM ONCE AGAIN SUFFERING FROM MEDICAL NEGLECT AND THIS CAUSES ME GREAT PAIN AND SUFFERING. I CAME HERE IN NEED OF A SPINAL FUSSION, AND ORDER FROM THE SURGEON TO PUT ME ON OXYCONTINE FOR SEVERE PAIN BECAUSE THE PRESENT PAIN MEDICATION DO NOT WORK (DARVOCE) AND I HAVE HEP. C. AND THAT MUCH TYLENOL PER. DAY. IS KILLING MY LIVER. (SEE ATTACHED) NOW I WENT THRU ALL THIS WITH MR. ERHART AT CAMP HILL AND MR. FORD AND WAS ASSURED I WOULD GET MY MEDICATION AND OPERATION AT HUNNINGTON, WELL I TOOK PEROCET TODAY AND IT HELPED A LITTLE AND HAD LESS TYLENOL. BUT TONIGHT I AM TOLD I'M BACK TO SAME OLD TITING, DARVOCE, AND 5000 MG PER. THIS IS MORE OF SAME, I WANT TO EXHAUST DC-804, AND GO BACK TO THE FEDERAL

B. Actions taken and staff you have contacted before submitting this grievance:

COURTS A.S.A.P. IF ALL I'M GOING TO GET IS FURTHER, MEDICATION DISCRIMINATION, & LIFE THREATEN MEDICAL NEGLECT. (1) SPOKE TO NURSE, SPOKE TO DOCTOR, SPOKE TO SGT. ECT. NO RESULTS, URGENT MATTER, PLEASE RESOLVE & ASSIST...

Your grievance has been received and will be processed in accordance with DC-ADM 804.

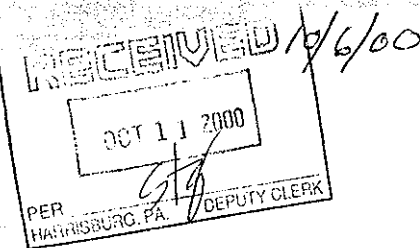
Signature of Grievance Coordinator

Date

W3

Clerk of Courts

Greetings,



ATTACHED you will find A 36 PAGE, REFILED 1983 Civil Rights Complaint. I MADE IT AS short AS I POSSIBLY COULD. THE U.S. COURT OF APPEAL GRANTED ME FORMA PAUPERIS STATUS AND SCI-HUNNINGTON WILL NOT AFFORD ME FREE COPIES,,, SO REGRETFULLY I AM INDIGENT AND UNABLE TO MAKE THE DEFENDANT COPIES. I HAVE ENCLOSED THE ORIGINAL TO YOU. I PRAY THE HONORABLE COURT'S CLERK WOULD MAKE THE NEEDED COPIES AND SERVE THEM, IN THE INTEREST OF JUSTICE,,, I'M WILLING TO ABSORB THE COST IN MY FORMA PAUPERIS STATUS, AND/OR PAYMENTS OF 20% PER MONTH. SCI-HUNNINGTON FEELS, IF YOU DON'T HAVE MONEY, DON'T DO LAW WORK. THIS IS UNCONSTITUTIONAL TO THE INDIGENT PRISONER BUT IT IS IN FACT, THE POSITION I AM IN!

I SUFFER GREATLY DUE TO CONSTITUTIONAL VIOLATIONS ENCLOSED, PLEASE FIND IT IN YOUR HEART, TO ASSIST ME. AS WELL I HAD ANOTHER INMATE MAIL THIS, BECAUSE I ONLY HAD .99 ON MY ACCOUNT. MY CORRECT ADDRESS IS. JEFFERY PAUL MOSEK BE4713

1100 FIVE ST. HUNNINGTON PA. 16651-1112

* PLEASE DON'T MAIL TO THE NAME ON THE ENVELOPE.

THANK YOU, AND GOD BLESS YOU,¹ YOURS.
JEFFERY PAUL MOSEK